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ABSTRACT

Presented are the findings of the 1976 Chapel Hill Study of the Region IV status of services to Head Start handicapped children. Brief introductory sections cover the roles of various Region IV network components in the provision of comprehensive services to special needs children and the design of the data collection system to investigate the fulfillment of such goals as increased recruitment of handicapped and continued development of the regional network of training. Reported are statistics pertaining to 1975-76 regional goals in the following areas (sample findings are in parentheses): services to handicapped children (there was a 43% increase in enrollment from 1975 to 1976); recruitment (the three most effective recruitment strategies proved to be a door-to-door campaign, newspapers, and radio); screening (there was an increase in the mean number of children screened per agency); professional diagnosis (there was a problem in getting professional diagnoses due primarily to lack of finances); training of personnel (screening and assessment was ranked as top priority for training); collaboration with local and state agencies (there was an increase in resource utilization for training and consultation); and integration of Head Start components (such problems as poor communication and personnel turnover hindered integration of components). Also included are an analysis of the utilization of supplemental funding; annual reports from Region IV state training officers in Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee; a report of Chapel Hill Project services in such areas as media and material development, training, and conferences; and descriptive testimonials from programs across Region IV. In conclusion, six goals for the future are outlined and include the identification, development, and dissemination of materials and multi-media packages. (SBH)

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THE 1976 CHAPEL HILL STUDY

OF

SERVICES TO THE HANDICAPPED

IN

REGION IV HEAD START

by

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August, 1976

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PREFACE

The ambitious task of reporting the Region IV status of services to Head Start handicapped children has been made possible through the outstanding support of numerous individuals in the eight-state system.

Special appreciation is expressed to members of the Region IV Offices of Human Development and Child Development, notably:

Bryant Tudor, Assistant Regional Director for Human Development,
James E. Cliatt, Deputy Assistant Regional Director for Human Development,
John L. Jordan, Director of the Office of Child Development, and
James Shelton, Regional Coordinator of Services to the Handicapped who has provided immeasurable encouragement, competent support, and enthusiastic commitment to personnel at every level of the network.

The Chapel Hill Project remains grateful to Dr. Robert C. Hanes, Superintendent of the Chapel Hill-Carrboro City Schools, for his administrative support for outreach services which impact the lives of children far beyond the confines of the local geographical area.

But the sizable task of examining the status of services to over 10,000 handicapped Head Start youngsters required the cooperation and utilization of the established regional network. Our genuine appreciation is extended to Head Start personnel at every level - local, specially-funded, state and regional - for their generous support in tapping responses from 95% of the region's 220 Head Start programs.

We wish to reiterate the hopes expressed in the 1975 report -- that this study will serve several purposes: to generate appropriate regional goal-structure; to facilitate effective documentation of services; to stimulate an increase in the quantity and quality of services; and to support the belief that, indeed, the integration of handicapped children has had a positive impact on Region IV Head Start.

Anne R. Sanford, Director
Chapel Hill Training-
Outreach Project

THE 1976 CHAPEL HILL STUDY

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SERVICES TO THE HANDICAPPED

IN

REGION IV HEAD START

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The Region IV Head Start Network of Services to the Handicapped

I. THE REGION IV HEAD START NETWORK OF SERVICES TO THE HANDICAPPED

Since the 1972 Congressional mandate that at least 10% of Head Start enrollment must include handicapped children, the Region IV Office of Child Development has committed extensive resources to the provision of comprehensive services to youngsters with special needs.

Region IV comprises approximately one-third of the nation's Head Start enrollment. To ensure the optimal development of over 10,000 handicapped Head Start children, the Region IV Office of Child Development funded the Chapel Hill Training-Outreach Project to develop and coordinate a network of regional services. In January, 1974 the Region IV Network of Services to the Handicapped began the challenge of system development in eight southeastern states.

A diagram of the Region IV Network is presented on page 8.

The roles of each of the network components are described as follows:

REGIONAL OFFICE

The Region IV Atlanta Office of Child Development serves as liaison between the national office in Washington, D.C. and other network components. Under the guidance of Mr. Jim Shelton, Regional Coordinator of Services to the Handicapped, priorities for regional goal structure are established, funds for services to the handicapped are allocated, and advocacy for network members is provided.

THE CHAPEL HILL TRAINING-OUTREACH PROJECT

The funding of the Chapel Hill Training-Outreach Project by the Office of Child Development (O.C.D.) represents a collaborative endeavor between the OCD and the Bureau of Education for the Handicapped (B.E.H.) to maximize Head Start services to the handicapped. The Chapel Hill Project, a B.E.H. First Chance program, has served as a major resource to Head Start in its thrust to develop individualized approaches for all Head Start enrollees. In 1974, the Region IV Office of Child Development funded the Chapel Hill Project to design, implement, and evaluate the regional system of Head Start services to the handicapped.

The Chapel Hill Project's role in network development and coordination includes these areas of service:

* The development and distribution of materials for serving handicapped children and their families.
* Provision of training.
* Development and distribution of multi-media training packages.

* Consultation to State Coordinators.

* Communication of national and regional goals to network members.

* Mobilization and utilization of state and local resources.

* Development and implementation of the regional reporting system.

THE STATE COORDINATOR

The State Coordinator of Services to the Handicapped in each of Region IV's eight State Training Offices assumes these responsibilities:

* To coordinate training and technical assistance for target populations of specially-funded and local programs.

* To mobilize state and local resources for use in training, consultation, diagnosis, screening, and therapy.

* To maintain a system of communication between local Head Start grantees, specially-funded programs, State Training Office, the Chapel Hill Project and the Region IV Office of Child Development.

* To establish a media center of resource materials for use in services to the handicapped.

THE SPECIALLY-FUNDED COORDINATOR

In FY 1975-76 forty-eight Head Start grantees in Region IV received supplementary funding from the Region IV Office of Child Development. An average of six Specially-Funded programs per state received monies to serve local programs in their cluster. A coordinator in each specially-funded program provides the following services:

* Coordination of recruitment.

* Provision of training and consultation.

* Development of media and material centers for cluster use.

* Mobilization and utilization of local and state resources.

* Coordination of services with State and Local Coordinators.

THE LOCAL COORDINATOR

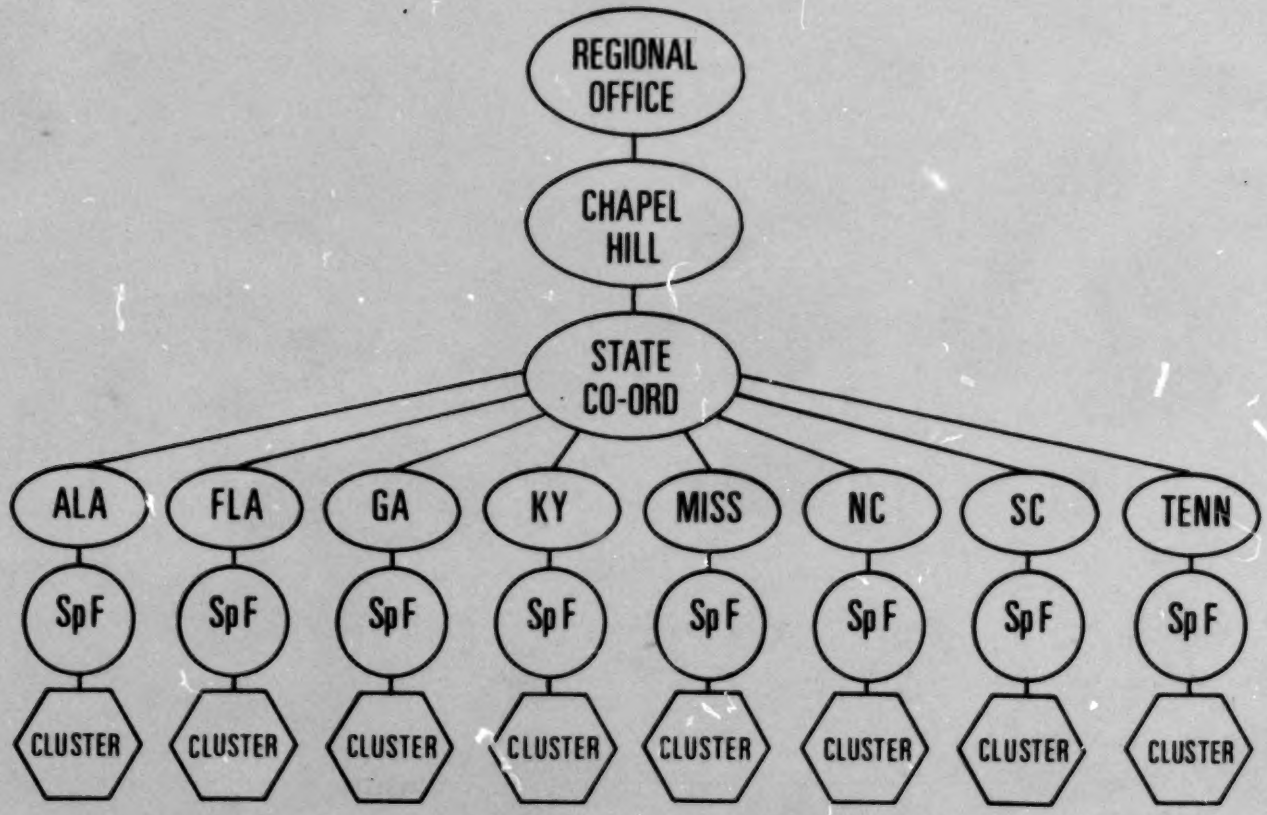
Each Head Start program in Region IV has designated a staff member to serve as Local Coordinator of Services to the Handicapped. This position is designed to serve primarily as a liaison role. Although many Region IV agencies used supplemental funds to hire a Local Coordinator, this role has been assumed usually by the Education or Health Coordinator. While the comprehensive services to the handicapped involve the same interdisciplinary integration of staff components as those for the non-handicapped, the Local Coordinator serves as a specific liaison for:

* Maintaining communication and consultation with Specially-Funded Coordinators.

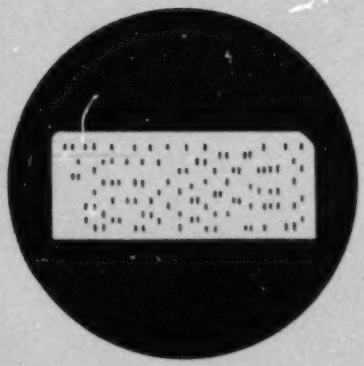
* Coordinating assessment of program needs in serving the handicapped.

* Coordinating use of local resources.

* Coordinating distribution and retrieval of regional data collection forms.



REGION IV NETWORK OF SERVICES TO HANDICAPPED CHILDREN IN HEAD START



Design of the Data Collection System

II. DESIGN OF DATA COLLECTION SYSTEM

The 1976 Chapel Hill Study of Services to the Handicapped in Region IV Head Start is the third annual report of systemic progress to be developed since the initial funding of the Chapel Hill Project in 1974.

The Chapel Hill Project designed an eleven-page reporting instrument which was disseminated in March, 1976, to each of the 220* Region IV Head Start grantees. Assistance in the retrieval of these forms was provided by members of the regional network. State Coordinators of the Handicapped in each Head Start State Training Office and Coordinators in each of the Specially-Funded programs served as field-based advocates in the data collection process. Much of the success in securing a 95% return from the 220 Region IV grantees is due to the support of network representatives.

The forms were designed to generate regional feedback on 1975-76 network goals; hence, the data presented in this publication examine the reported status of Region IV Head Start's fulfillment of the following goals:

1. Increased recruitment of handicapped
2. Increased professional documentation of children identified as handicapped
3. An increase in the mobilization and utilization of state and local resources
4. Continued development of the regional network of training
5. Increased coordination of Head Start components in serving handicapped children and their families
6. Continued evaluation of the Region IV services to handicapped children and their families.

XXXXXXXXXX

Twenty-three percent (23%) of the 209 respondents were programs which received special funding for cluster services.

The forms were filled out by the following local agency representatives:

8% -- Director
65% -- Coordinator of Services to the Handicapped
3% -- Other
24% -- Director and Coordinator of Services to the Handicapped

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* Refers to full-year programs

Report on the 1975-76 Regional Goals

III. A SERVICES TO HANDICAPPED CHILDREN

The 1976 report documents an increase of Region IV Head Start enrollees who have been professionally diagnosed as handicapped.

In 1975, a total of 7,602 Head Start youngsters were reported to be professionally corroborated as handicapped. The 1976 data record 10,896 enrollees with professional diagnosis. This represents a 43% increase over the 1975 regional report.

A similar increase is reflected in the higher percentage of handicapped children who compose Head Start's total enrollment. The 1975 Chapel Hill Study reported a regional percentage of handicapped at 9%. At this time only three of Region IV's eight states met the congressional minimal requirement of 10%. The 1976 data report a regional percentage of 13.62% which represents a 35% increase over the 1975 figures. A regional profile of 1975-76 handicapped enrollment is presented in Table 1.

In spite of the sizable increase in enrollment of handicapped youngsters, the survey indicates that a total of 589 handicapped applicants were denied enrollment.

The five most frequent reasons which were reported for not enrolling these applicants are listed below according to rank*:

1. The child's parents refused
2. No available openings
3. Other agencies serve these children
4. Lack of adequate transportation
5. Handicap too severe to benefit from Head Start.

These stated reasons for exclusion deserve further study by Head Start and other advocates of the handicapped. Why have the parents of handicapped children refused the comprehensive services of Head Start? Why have many Head Start programs which did not meet the minimum requirements of the 10% congressional mandate failed to reserve enrollment slots for the handicapped? How can collaboration with agencies serving the handicapped enable selected children to benefit from a partial schedule of integrated experiences? How can problems in transportation of the handicapped be resolved?

As Head Start continues to respond to the needs of young handicapped children, these and related problems must be explored with fellow advocates of an excluded population.

Tables 2 through 9 present a state by state report of Region IV Head Start services to handicapped children.

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* In this report, a rank of 1 is given to the item receiving the highest ranking.

REGION IV PROFILE

OF

1975-76 SERVICES TO HANDICAPPED CHILDREN
(95% of 220 Full-Year Programs Reporting)

	Total # Children Enrolled in Full-Year Head Start	Total # Children Prof.Diag. H'capped	% of Total Enroll. Prof.Diag. H'capped	# of H'capped Children Prof.Diag. Prior to Enroll.	% of H'capped Prof.Diag. Prior to Enroll.	# of H'capped Applicants Who Were Not Enrolled
Regional Total	80,019	10,896	13.62%	2329	21.37%	589

Table 1

ALABAMA
STATE PROFILE

Alabama Specially-Funded Cluster	Total # Children Enrolled in Full-Year Head Start	Total # Children Prof.Diag. H'capped	% of Total Enroll. Prof.Diag. H'capped	# of H'capped Children Prof.Diag. Prior to Enroll.	% of H'capped Prof.Diag. Prior to Enroll.	# of H'capped Applicants Who Were Not Enrolled
Gadsden	1211	252	20.81%	55	21.83%	4
Macon	1368	120	8.77%	15	12.50%	7
Talladega	2044	320	15.66%	40	12.50%	3
J.C.C.E.O.	1586	183	11.54%	22	12.02%	8
M.A.C.A.C.	1758	244	13.88%	39	15.98%	7
STATE	7967	1119	14.05%	171	15.28%	29

Table 2

FLORIDA
STATE PROFILE

Florida Specially-Funded Cluster	Total # Children Enrolled in Full-Year Head Start	Total # Children Prof.Diag. H'capped	% of Total Enroll. Prof.Diag. H'capped	# of H'capped Children Prof.Diag. Prior to Enroll.	% of H'capped Prof.Diag. Prior to Enroll.	# of H'capped Applicants Who Were Not Enrolled
Liberty	517	72	13.93%	17	23.61%	0
G.J.E.O	1103	277	25.11%	178	64.26%	26
Orange	1311	129	9.84%	15	11.63%	5
Collier	681	58	8.52%	37	63.79%	64
Pinellas	2596	482	18.57%	47	9.75%	49
Broward	3134	249	7.95%	46	18.47%	33
STATE	9342	1267	13.56%	340	26.84%	177

Table 3

GEORGIA
STATE PROFILE

Georgia Specially-Funded Cluster	Total # Children Enrolled in Full-Year Head Start	Total # Children Prof.Diag. H'capped	% of Total Enroll. Prof.Diag. H'capped	# of H'capped Children Prof.Diag. Prior to Enroll.	% of H'capped Prof.Diag. Prior to Enroll.	# of H'capped Applicants Who Were Not Enrolled
Action, Inc.	1069	89	8.33%	31	34.83%	21
Allied Servcs.	1928	215	11.15%	53	24.65%	26
Harambee	1260	109	8.65%	17	15.60%	1
Enrichment	770	64	8.31%	24	37.50%	7
EO Savannah Chatham	860	71	8.26%	53	74.65%	3
STATE	5887	548	9.31%	178	32.48%	58

Table 4

KENTUCKY
STATE PROFILE

Kentucky Specially-Funded Cluster	Total # Children Enrolled in Full-Year Head Start	Total # Children Prof.Diag. H'capped	% of Total Enroll. Prof.Diag. H'capped	# of H'capped Children Prof.Diag. Prior to Enroll.	% of H'capped Prof.Diag. Prior to Enroll.	# of H'capped Applicants Who Were Not Enrolled
Ky. River Foothills	984	238	24.19%	36	15.13%	2
Licking Valley	2031	417	20.53%	79	18.94%	8
Audubon Area	948	150	15.82%	25	16.67%	8
Central Ky.	616	114	18.51%	17	14.91%	0
Ky. Youth Research	1120	211	18.84%	49	23.22%	31
Louisville Jefferson	1220	178	14.59%	165	92.70%	6
Pennyrile C.A.A.	583	129	22.13%	20	15.50%	4
STATE	7502	1437	19.15%	391	27.21%	59

Table 5

MISSISSIPPI
STATE PROFILE

Mississippi Specially-Funded Cluster	Total # Children Enrolled in Full-Year Head Start	Total # Children Prof.Diag. H'capped	% of Total Enroll. Prof.Diag. H'capped	# of H'capped Children Prof.Diag. Prior to Enroll.	% of H'capped Prof.Diag. Prior to Enroll.	# of H'capped Applicants Who Were Not Enrolled
Adams-Jefferson	10,810	1193	11.04%	92	7.71%	4
Delta Hills	3,953	473	11.97%	147	31.08%	4
Friends of Children	1,991	255	12.81%	7	2.75%	3
Pearl River	3,828	347	9.06%	228	65.71%	4
Yazoo City	2,138	639	29.89%	8	1.25%	2
Lift, Inc.	909	76	8.36%	16	21.05%	4
Coahoma	5,337	441	8.26%	51	11.56%	62
STATE	28,966	3424	11.82%	549	16.03%	83

Table 6

NORTH CAROLINA
STATE PROFILE

N.Carolina Specially-Funded Cluster	Total # Children Enrolled in Full-Year Head Start	Total # Children Prof.Diag. H'capped	% of Total Enroll. Prof.Diag. H'capped	# of H'capped Children Prof.Diag. Prior to Enroll.	% of H'capped Prof.Diag. Prior to Enroll.	# of H'capped Applicants Who Were Not Enrolled
Madison-Buncombe	838	130	15.51%	34	26.15%	7
WAMY	500	35	7.00%	27	77.14%	18
Charlotte	1813	304	16.77%	42	13.82%	12
Exp. in Self-Reliance	1157	170	14.69%	35	20.59%	15
Johnston-Lee	1498	216	14.42%	57	26.39%	17
Greene Lamp	1235	132	10.69%	36	27.27%	7
Martin Co.	942	144	15.29%	35	24.31%	29
STATE	7983	1131	14.17%	266	23.52%	105

Table 7

SOUTH CAROLINA
STATE PROFILE

S. Carolina Specially-Funded Cluster	Total # Children Enrolled in Full-Year Head Start	Total # Children Prof.Diag. H'capped	% of Total Enroll. Prof.Diag. H'capped	# of H'capped Children Prof.Diag. Prior to Enroll.	% of H'capped Prof.Diag. Prior to Enroll.	# of H'capped Applicants Who Were Not Enrolled
Greenville	800	74	9.25%	17	22.97%	1
Florence	790	100	12.66%	18	18.00%	7
Charleston	1196	151	12.63%	41	27.15%	5
Carolina Comm. Action	1245	299	24.02%	58	19.40%	3
Midlands CAA	961	240	24.97%	19	7.92%	5
STATE	4992	864	17.31%	153	17.71%	21

Table 8

TENNESSEE
STATE PROFILE

Tennessee Specially-Funded Cluster	Total # Children Enrolled in Full-Year Head Start	Total # Children Prof.Diag. H'capped	% of Total Enroll. Prof.Diag. H'capped	# of H'capped Children Prof.Diag. Prior to Enroll.	% of H'capped Prof.Diag. Prior to Enroll.	# of H'capped Applicants Who Were Not Enrolled
Memphis Shelby	1440	166	11.53%	78	46.99%	12
Progress for People	1028	186	18.09%	46	24.73%	8
Metropolitan	1592	171	10.74%	16	9.36%	8
Douglas Cherokee	1648	410	24.88%	88	21.46%	25
Elk & Duck River	952	89	9.35%	35	39.33%	4
Upper East	720	84	11.67%	18	21.43%	0
STATE	7380	1106	14.99%	281	25.41%	57

Table 9

III. B RECRUITMENT

A stated goal of the 1975-76 Region IV system of services to the handicapped was the increased recruitment of children with special needs who have been the targets of exclusion from early childhood programs.

An active regional recruitment campaign in 1975-76 included the use of bumper stickers, buttons, billboards, television, circulars, flyers, posters, brochures, mail, and lectures.

However, the three recruitment strategies which regional agencies indicated were the most effective in the enrollment of handicapped children were:

(1) Door-to-door campaign

(2) Newspapers

(3) Radio

Although the door-to-door campaign was perceived as the most effective strategy, the top three recruitment methods which were actually reported to be utilized with the greatest frequency were:

(1) Mail

(2) Newspaper

(3) Radio

The five primary targets of 1975-76 recruitment were ranked as follows:

(1) Head Start families

(2) General public

(3) Public Health Department

(4) Department of Social Services

(5) Public schools

The impact of the recruitment campaign is reflected in the regional report of 2,329 children who were professionally diagnosed as handicapped prior to enrollment in Head Start. This number represents 25.41% of the total number of handicapped clients with professional documentation.

The Region IV failure in FY 1974-75 to meet the Congressional mandate of 10% enrollment of professionally-diagnosed handicapped children provided a strong rationale for increased recruitment in 1975-76. An active search for children with obvious handicapping conditions was designed to decrease the possibility of inappropriately re[illegible]g or mislabeling existing Head Start enrollees.

Table 10 indicates the number and percentage of handicapped children who were recruited in each state.

REPORT OF RECRUITED HANDICAPPED CHILDREN

STATE	Number of Handicapped Children Who Were Recruited	% of Handicapped Enrollment Who Were Recruited
Alabama	409	36.55%
Florida	789	62.27%
Georgia	214	39.05%
Kentucky	657	45.72%
Mississippi	1942	56.72%
North Carolina	571	50.49%
South Carolina	503	58.22%
Tennessee	514	46.47%
REGION IV TOTAL	5599	51.39%

Table 10

III. C SCREENING

In FY 1975-76, Region IV Head Start agencies conducted extensive screening programs which included state-wide efforts in North Carolina, Florida, Tennessee, Alabama, South Carolina, and Kentucky. The intensive focus on screening generated an increase in the number of children who are reported to have received comprehensive screening services during the past year. This increase is reflected in the data which depict the mean number of children screened per agency.

See Table 11 for the comparison of FY 1974-75 and FY 1975-76 reports on screening services.

A COMPARISON
OF
FY 1974-75 AND FY 1975-76
SCREENING SERVICES TO REGION IV HEAD START

AREA OF DEVELOPMENT	Mean # of Children Screened Per Agency In FY 1974-75	Mean # of Children Screened Per Agency IN FY 1975-76	Increase of Mean # of Children Screened Per Agency
Vision	300.7	300.9	.2
Visual-Motor	172.4	250.6	78.2
Hearing	271.5	312.6	41.1
Speech	223.8	292.3	68.5
Language	234.4	292.8	58.4
Fine Motor	245.5	268.7	23.2
Other	53.2	79.6	26.2

Table 11

As Head Start seeks to access additional local and state resources for services to the handicapped, an examination of current resource utilization practices seems appropriate.

Table 12 presents the percentage of Region IV Head Start programs which used various resources in screening.

An analysis of the resource category entitled "Other" revealed a predominance of health-related agencies which provided extensive support in screening.

The high percentage of screening services which are rendered by Head Start personnel indicates that Region IV agencies still fail to look beyond their own staff for assistance in this effort.

The data reflect a low incidence of use of Developmental Evaluation Clinics, Bureau of Education for the Handicapped (BEH) Projects, and public school personnel. (The only significant input by public school programs was reported in the screening of Hearing, Speech, and Language.)

The most noticeable increase of resource utilization occurred with university programs. Obviously, the extensive university contributions to the '75-'76 state-wide screening programs revealed progress as compared with the '74-'75 data which reflected a low incidence of university collaboration.

REGION IV HEAD START'S
USE OF RESOURCES
FOR SCREENING

RESOURCE AGENCY	AREA OF DEVELOPMENT						
	Vision	Visual-Motor	Hearing	Speech	Lang.	Fine Motor	Other
Local Head Start	59.4%*	41.1%	35.3%	29.0%	38.2%	59.9%	13.0%
University	7.7%	20.3%	36.2%	36.2%	30.9%	9.2%	2.4%
BEH Project	1.9%	11.1%	11.1%	11.1%	10.6%	5.3%	0.5%
Mental Health	2.4%	9.7%	4.8%	7.7%	8.2%	8.7%	9.7%
Spec. Funded Head Start	3.4%	12.6%	10.1%	13.5%	14.0%	11.6%	2.4%
State Training Office	1.4%	7.2%	5.8%	6.3%	6.8%	4.3%	1.9%
Developmental Evaluation Clinics	1.0%	2.4%	3.4%	3.9%	2.9%	2.4%	1.4%
Public School	4.8%	1.9%	8.2%	14.5%	11.6%	1.9%	1.0%
Dept. of Soc. Services	4.3%	1.0%	2.9%	2.4%	0.5%	1.-%	1.4%
Other	57.0%	27.5%	52.2%	43.0%	37.2%	17.9%	9.7%

* Note: Figures denote percentage of Region IV programs which used the specified resource (i.e., 59.4% means that 59.4% of Region IV Head Start programs reported use of Local Head Start personnel in the screening of Vision).

Table 12

III. D PROFESSIONAL DIAGNOSIS

Problems in Securing Professional Diagnosis

As in previous years, the 1976 report indicates that a continuing problem exists in securing professional diagnosis of Head Start enrollees identified as handicapped. Fifty-nine percent of the Region IV agencies reported having encountered problems in securing professional documentation.

When asked to list the three most frequent problems in getting professional diagnoses, the following difficulties emerged as the four most recurrent hindrances:

Regional Profile of Problems in Securing Professional Diagnoses

Rank	Mean	Problem
1	1.68	Time lag between referral and diagnosis
2	1.12	Lack of available diagnostic resources in the community
3	.65	Lack of responsiveness by resource agencies
4	.62	Reluctance of families to cooperate

Value of the Professional Diagnostic Report

Seventy-six percent (76%) of the agencies indicated that the professional diagnostic report had been of value to the educational staff in developing individual learning programs for the handicapped child in the classroom.

The remaining twenty-four percent (24%) of negative respondents indicated their three most frequent problems with the professional documentation. Their reported difficulties are listed in rank order of frequency:

Rank	Mean	Difficulty
1	2.56	Diagnostic reports provide little specific information for the teacher's use in developing the educational program.
2	0.92	Terminology is too technical
3	0.70	Diagnostic reports are not communicated to the educational staff

While the 1975 Study of the Impact of Mainstreaming the Handicapped in Region IV Head Start ranked "Lack of Financial Resources" as a primary problem encountered in obtaining professional diagnosis, the 1976 OCD regional funding supplements have, without doubt, helped to overcome the hindrances of cost.

The 1975 study reported that five of the Region IV states did not meet the congressional mandate of 10% enrollment of handicapped children; but the 1976 data reveal that only one state failed to meet the 10% quota. Furthermore, the regional figures report a percentage of 13.62% of total enrollment as professionally documented as handicapped - a 35% increase over the 1975 report of 9%.

Table 13 presents the Regional Profile of Professionally Diagnosed Handicapped Children.

REGION IV PROFILE
of
PROFESSIONALLY DIAGNOSED HANDICAPPED CHILDREN

XXXXXXXXXXXX

Number of Programs Reporting	209
*Total Head Start Enrollment Reported	80,019
Reported Number of Children Professionally Diagnosed as Handicapped	10,896
Percentage of Total Enrollment Professionally Diagnosed as Handicapped	13.62%

Type of Handicap	Number of Children Professionally Diagnosed	% of Total Handicapped Enrollment
Blind	30	0.28
Visually Impaired	568	5.21
Deaf	63	0.58
Hearing Impaired	963	8.84
Physically Handicapped	818	7.51
Speech Impaired	5213	47.84
Other Health or Developmentally Impaired	1544	14.17
Mental Retardation	802	7.36
Severely Emotionally Disturbed	442	4.06
Specific Learning Disability	453	4.16
TOTAL	10,896	100.01

* Reflects enrollment in March, 1976. This number excludes enrollment of summer programs.

Table 13

An analysis of the numbers of children represented in each categorical description of handicapped reveals meaningful data for impacting 1976-77 regional goal structure. A significant aspect of the eight-state profile of documented exceptionalities is the extraordinary percentage (47.84%) of total handicapped enrollment which has been classified as "Speech Impaired." This extreme departure from the national norms provokes such questions as:

* What instruments were used to verify speech impairment?

* What type of professional input was utilized to document these categories?

* Is there a clear understanding of the distinction between language delay and speech impairment?

* What role do dialectic influences play in impacting the diagnosis of "Speech Impairment"?

* Is there documentation for the "informal" reports that the category of "Speech Impairment" is considered to be a desirable alternative to the more potentially-stigmatizing labels such as "Mental Retardation."

The documented low incidence of children with severe modality deficits (i.e., blind, deaf, and physically handicapped) should stimulate Head Start programs to active recruitment campaigns with agencies serving these children.

Figure 1 presents the regional profile of categories of handicapped population in Region IV Head Start. Tables 14 through 21 present the State Profiles of Professionally Diagnosed Handicapped Children.

REGIONAL PROFILE OF CATEGORIES OF
HANDICAPPED POPULATION IN
REGION IV HEAD START

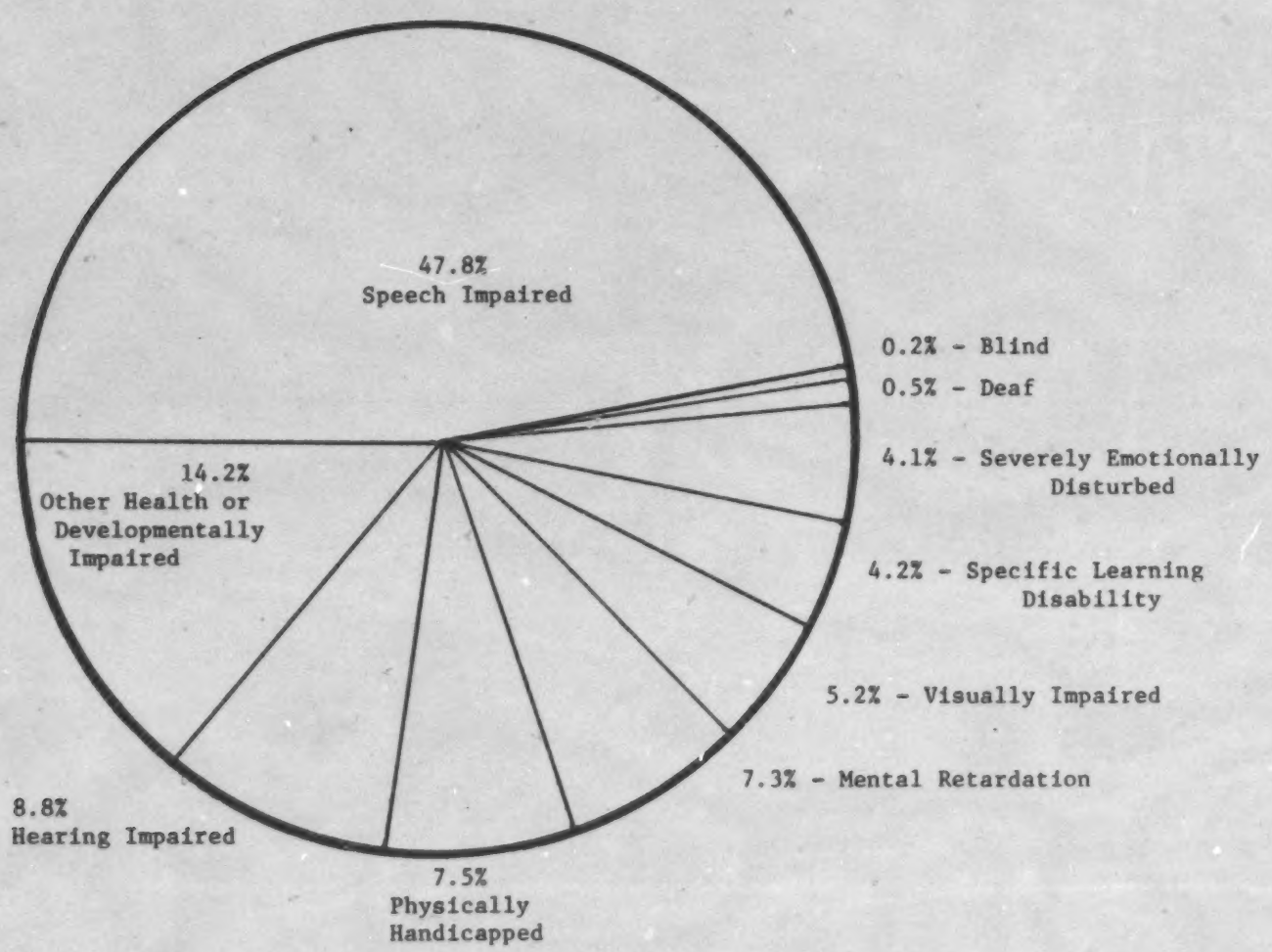

Figure 1

ALABAMA
STATE PROFILE
of
PROFESSIONALLY DIAGNOSED HANDICAPPED CHILDREN

XXXXXXXXXXXX

Number of Programs Reporting	28
*Total Head Start Enrollment Reported	7,967
Reported Number of Children Professionally Diagnosed as Handicapped	1,119
Percentage of Total Enrollment Professionally Diagnosed as Handicapped	14.05%

Type of Handicap	Number of Children Professionally Diagnosed	% of Total Handicapped Enrollment
Blind	1	0.09
Visually Impaired	82	7.33
Deaf	7	0.63
Hearing Impaired	43	3.84
Physically Handicapped	60	5.36
Speech Impaired	475	42.45
Other Health or Developmentally Impaired	133	11.89
Mental Retardation	158	14.12
Severely Emotionally Disturbed	81	7.24
Specific Learning Disability	79	7.06
TOTAL	1119	100.01

* Reflects enrollment in March, 1976. This number excludes enrollment of summer programs.

Table 14

FLORIDA
STATE PROFILE
of
PROFESSIONALLY DIAGNOSED HANDICAPPED CHILDREN

XXXXXXXXXXXX

Number of Programs Reporting	30
*Total Head Start Enrollment Reported	9,342
Reported Number of Children Professionally Diagnosed as Handicapped	1,267
Percentage of Total Enrollment Professionally Diagnosed as Handicapped	13.56%

Type of Handicap	Number of Children Professionally Diagnosed	% of Total Handicapped Enrollment
Blind	3	0.24
Visually Impaired	39	3.08
Deaf	3	0.24
Hearing Impaired	71	5.60
Physically Handicapped	86	6.79
Speech Impaired	667	52.64
Other Health or Developmentally Impaired	181	14.29
Mental Retardation	136	10.73
Severely Emotionally Disturbed	59	4.66
Specific Learning Disability	22	1.74
TOTAL	1267	100.01

* Reflects enrollment in March, 1976. This number excludes enrollment of summer programs.

Table 15

GEORGIA
STATE PROFILE
of
PROFESSIONALLY DIAGNOSED HANDICAPPED CHILDREN

XXXXXXXXXXXX

Number of Programs Reporting	25
*Total Head Start Enrollment Reported	5,887
Reported Number of Children Professionally Diagnosed as Handicapped	548
Percentage of Total Enrollment Professionally Diagnosed as Handicapped	9.31%

Type of Handicap	Number of Children Professionally Diagnosed	% of Total Handicapped Enrollment
Blind	1	0.18
Visually Impaired	33	6.02
Deaf	3	0.55
Hearing Impaired	14	2.55
Physically Handicapped	65	11.86
Speech Impaired	230	41.97
Other Health or Developmentally Impaired	60	10.95
Mental Retardation	66	12.04
Severely Emotionally Disturbed	35	6.39
Specific Learning Disability	41	7.48
TOTAL	548	99.99

* Reflects enrollment in March, 1976. This number excludes enrollment of summer programs.

Table 16

KENTUCKY
STATE PROFILE
of
PROFESSIONALLY DIAGNOSED HANDICAPPED CHILDREN

XXXXXXXXXXXXX

Number of Programs Reporting	27
*Total Head Start Enrollment Reported	7,502
Reported Number of Children Professionally Diagnosed as Handicapped	1,437
Percentage of Total Enrollment Professionally Diagnosed as Handicapped	19.15%

Type of Handicap	Number of Children Professionally Diagnosed	% of Total Handicapped Enrollment
Blind	4	0.28
Visually Impaired	55	3.83
Deaf	9	0.63
Hearing Impaired	95	6.61
Physically Handicapped	133	9.26
Speech Impaired	814	56.65
Other Health or Developmentally Impaired	108	7.52
Mental Retardation	92	6.40
Severely Emotionally Disturbed	68	4.73
Specific Learning Disability	59	4.11
TOTAL	1437	100.02

* Reflects enrollment in March, 1976. This number excludes enrollment of summer programs.

Table 17

MISSISSIPPI
STATE PROFILE
of
PROFESSIONALLY DIAGNOSED HANDICAPPED CHILDREN

XXXXXXXXXXXX

Number of Programs Reporting	23
*Total Head Start Enrollment Reported	28,966
Reported Number of Children Professionally Diagnosed as Handicapped	3,424
Percentage of Total Enrollment Professionally Diagnosed as Handicapped	11.82%

Type of Handicap	Number of Children Professionally Diagnosed	% of Total Handicapped Enrollment
Blind	6	0.18
Visually Impaired	256	7.48
Deaf	14	0.41
Hearing Impaired	451	13.17
Physically Handicapped	203	5.93
Speech Impaired	1399	40.86
Other Health or Developmentally Impaired	737	21.52
Mental Retardation	168	4.91
Severely Emotionally Disturbed	72	2.10
Specific Learning Disability	118	3.45
TOTAL	3424	100.01

* Reflects enrollment in March, 1976. This number excludes enrollment of summer programs.

Table 18

NORTH CAROLINA
STATE PROFILE
of
PROFESSIONALLY DIAGNOSED HANDICAPPED CHILDREN

XXXXXXXXXXXXX

Number of Programs Reporting	36
*Total Head Start Enrollment Reported	7,983
Reported Number of Children Professionally Diagnosed as Handicapped	1,131
Percentage of Total Enrollment Professionally Diagnosed as Handicapped	14.17%

Type of Handicap	Number of Children Professionally Diagnosed	% of Total Handicapped Enrollment
Blind	6	0.53
Visually Impaired	24	2.12
Deaf	4	0.35
Hearing Impaired	72	6.37
Physically Handicapped	93	8.22
Speech Impaired	699	61.80
Other Health or Developmentally Impaired	82	7.25
Mental Retardation	80	7.07
Severely Emotionally Disturbed	35	3.09
Specific Learning Disability	36	3.18
TOTAL	1131	99.98

* Reflects enrollment in March, 1976. This number excludes enrollment of summer programs.

Table 19

SOUTH CAROLINA
STATE PROFILE
of
PROFESSIONALLY DIAGNOSED HANDICAPPED CHILDREN

XXXXXXXXXXXXX

Number of Programs Reporting	18
*Total Head Start Enrollment Reported	4,992
Reported Number of Children Professionally Diagnosed as Handicapped	864
Percentage of Total Enrollment Professionally Diagnosed as Handicapped	17.31%

Type of Handicap	Number of Children Professionally Diagnosed	% of Total Handicapped Enrollment
Blind	5	0.58
Visually Impaired	27	3.13
Deaf	4	0.46
Hearing Impaired	94	10.88
Physically Handicapped	71	8.22
Speech Impaired	437	50.58
Other Health or Developmentally Impaired	101	11.69
Mental Retardation	57	6.60
Severely Emotionally Disturbed	43	4.98
Specific Learning Disability	25	2.89
TOTAL	864	100.01

* Reflects enrollment in March, 1976. This number excludes enrollment of summer programs.

Table 20

TENNESSEE
STATE PROFILE
of
PROFESSIONALLY DIAGNOSED HANDICAPPED CHILDREN

XXXXXXXXXXXX

Number of Programs Reporting	22
*Total Head Start Enrollment Reported	7,380
Reported Number of Children Professionally Diagnosed as Handicapped	1,106
Percentage of Total Enrollment Professionally Diagnosed as Handicapped	14.99%

Type of Handicap	Number of Children Professionally Diagnosed	% of Total Handicapped Enrollment
Blind	4	0.36
Visually Impaired	52	4.70
Deaf	19	1.72
Hearing Impaired	123	11.12
Physically Handicapped	107	9.67
Speech Impaired	492	44.48
Other Health or Developmentally Impaired	142	12.84
Mental Retardation	45	4.07
Severely Emotionally Disturbed	49	4.43
Specific Learning Disability	73	6.60
TOTAL	1106	99.99

* Reflects enrollment in March, 1976. This number excludes enrollment of summer programs.

Table 21

III. E TRAINING OF REGION IV HEAD START PERSONNEL

The focus on training of Head Start personnel in appropriate strategies for optimal services to the handicapped continued to be a top regional priority in FY 1975-76.

Region IV agencies reported that 3,650 days of training* on services to the handicapped were provided to Head Start staff in 1975-76.

The reported number of training days received by Region IV Head Start programs is presented in the following break-down according to states:

STATE	# OF TRAINING DAYS
Alabama	416
Florida	1,111
Georgia	188
Kentucky	239
Mississippi	658
North Carolina	203
South Carolina	250
Tennessee	585
TOTAL	3,650

XXXXXXXXXX

Agencies were asked to rank the top four areas which have received the most attention in their 1975-76 training program for services to handicapped children and their families. Table 22 presents the ranking of regional and state priorities for training in FY 1975-76.

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* Note: One day of training equals six hours of direct contact with a trainer.

RANKING OF PRIORITIES FOR 1975-76 TRAINING

AREA OF TRAINING

	Screen and Assess	Dev. of Individ. Learning Obj. for Children	Strategies for Implementing Individ.	Knowledge of Head Start Perf. Standards	Training Related To ____ *	Curric. Dev.
Regional Priorities	1	2	3	4	5	6
Alabama	1	5	4	2	6	3
Florida	1	4	2	3	6	5
Georgia	1	2	3	6	5	4
Kentucky	1	3	5	6	2	4
Mississippi	1	2	4	3	6	5
N. Carolina	1	2	5	3	6	4
S. Carolina	1	2	3	4	5	6
Tennessee	1	3	2	4	5	6

Table 23

* Refers to specific categories, i.e., blind, deaf, epilepsy, etc.

Regional Assessment of Training Needs

In order to facilitate the provision of training which is responsive to prioritized needs, Region IV agencies were asked to report the degree of need in each of ten specified areas.

The results of the regional survey indicate the top five training needs which are projected for FY 1976-77. See Table 23.

REGIONAL PRIORITIES FOR TRAINING IN FY 1976-77

Rank	Mean	Area of Training
1	1.40	Movement of handicapped from Head Start to public school
2	1.32	Working with families
3	1.31	Teaching methodology
4	1.24	Curriculum
5	1.17	Legal rights of the handicapped

Table 23

III. F COLLABORATION WITH LOCAL AND STATE AGENCIES

The Office of Child Development has identified interagency collaboration as a key ingredient in maximizing the resources of Head Start to meet the needs of handicapped children and their families. A major goal of the 1975-76 Region IV Network was the increased identification and utilization of state and local resources which can extend and intensify Head Start's capability to locate and serve the handicapped.

Table 24 documents an increase in resource utilization for training and consultation (T&TA). In FY 1974-75, Region IV Head Start reported that resources were used 7,473 times for T&TA services. The increase to 9,035 incidences of usage in FY 1975-76 supports the contention that local agencies are, indeed, identifying and utilizing local resources for training and consultation.

The most noticeable progress is that in accessing university resources. The regional percentage of utilization rose from the '74-'75 figure of 6.6% to 13.91% in FY 1975-76.

REGIONAL PROFILE
OF
RESOURCES USED
IN
TRAINING AND CONSULTATION

	Total # of Times all Resources Used In Training and Consultation	Top 5 Regional Resources Used									
		Head Start Personnel		Dept. of Mental Health		University		Dept. of Social Services		Other	
		Rank	% Times Used	Rank	% Times Used	Rank	% Times Used	Rank	% Times Used	Rank	% Times Used
REGION IV	9035	1	33.75%	2	16.70%	3	13.91%	4	6.12%	5	6.08%
Alabama	591	1	31.64%	2	31.66%	3	20.30%	5	4.91%	7	3.12%
Florida	2590	1	34.63%	2	17.76%	6	5.21%	3	10.15%	4	9.31%
Georgia	689	1	35.26%	3	10.01%	2	17.85%	9	3.48%	7	4.79%
Kentucky	988	1	28.54%	2	21.36%	3	20.85%	7	2.73%	4	6.78%
Mississippi	670	1	51.79%	3	11.49%	2	16.12%	-	0.15%	-	0.15%
North Carolina	981	2	24.67%	1	25.69%	4	8.56%	3	16.11%	5	6.42%
South Carolina	1130	1	47.88%	6	2.92%	2	20.88%	5	3.45%	9	1.42%
Tennessee	1467	1	21.13%	2	19.02%	4	12.41%	11	0.82%	6	7.43%

Table 24

As Head Start seeks to maximize its use of local and state resources, members of the Network of Services to the Handicapped are urged to survey the availability of existing resources and their agencies' capabilities to access unused support systems.

Table 25 presents the regional report of utilization of resources for Diagnosis, Treatment and Screening. These data indicate that Head Start agencies report a total of 11,330 times of resource usage.

The data suggest that several potential resources for use by Head Start have not been utilized effectively. Perhaps this report will stimulate active Head Start campaigns to draw upon the unique expertise which is available through these resources.

REGIONAL PROFILE
OF
RESOURCES USED
FOR
DIAGNOSIS, TREATMENT AND SCREENING

RESOURCE	Diagnosis or Treatment		Screening	
	# Times Used	% of Usage	# Times Used	% of Usage
1. Head Start	958	14%	1362	29%
2. University	1051	16%	622	13%
3. Local Dev. Day Care	30	0%	0	-
4. State Dept. of Pub. Instruction	179	3%	61	1%
5. SEIM-Sp. Ed. Inst. Materials Centers	14	0%	11	-
6. BEH Projects	96	1%	175	4%
7. Community Colleges or Tech. Inst.	34	1%	31	1%
8. Agencies for Exceptionalities	1159	17%	217	5%
9. Dev. Eval. Clinics	369	6%	168	4%
10. Dept. of Mental Health	1202	18%	663	14%
11. Assoc. for Retarded	17	-	13	-
12. Dept. of Soc. Svcs.	43	1%	37	1%
13. State Council on Dev. Disabilities	115	2%	9	-
14. Dept. of Human Resources	144	2%	368	8%
15. CEC	10	-	14	-
16. Other	1257	19%	901	19%
TOTAL	6678		4652	

Table 25

Head Start As A Resource

Not only has Head Start strengthened its capabilities to identify and utilize multiple resources, but the emphasis on collaboration has enabled Head Start personnel to reciprocate with unique services to local and state neighbors.

The 1976 Chapel Hill Project survey asked the Region IV agencies to indicate how their programs had shared their resources with community agencies which serve the handicapped. Table 26 presents the results of the report from these 209 Head Start programs.

Table 26
Regional Profile of Head Start's
Role As A Resource
to
Community Agencies

Region IV Head Start % of Agencies	Areas of Resource Service
79%	Identification of Handicapped (child-find)
63%	Sharing of Assessment Materials
38%	Sharing of Curriculum
49%	Training
63%	Consultation
10%	Other

Region IV Head Start played a vital role in the state plans which generated "Child Find" searches for children with special needs. This valuable contribution is supported by the high percentage (79%) of programs which reported cooperation in this effort.

Head Start's generous policy of sharing assessment materials and consultation with other agencies has identified Head Start as a significant resource to those who serve the handicapped. The high percentage (63%) of Region IV agencies which reached out to their neighbors with materials and consultation documents the mutual benefits which are generaged by inter-agency collaboration.

III. G THE INTEGRATION OF HEAD START COMPONENTS

With the advent of Head Start services to the handicapped, the need for an integrated approach in relating to a wide variety of community resources required a renewed spirit of cooperation among program components.

In response to a request from Region IV OCD personnel, the Chapel Hill Project developed a training module including media and training content in the Integration of Head Start Components. This module presents the rationale and methods for achieving coordination and integration among Head Start staff in providing services to handicapped and all children.

The Head Start organization delegates specific service responsibilities to individual components: Health, Education, Parent Involvement, Social Services, Nutrition, Handicap and Director. The process of integrating components into a unified program structure and the coordination of service provision is Head Start's programmatic basis. Yet, isolation of component activities and service delivery can occur as individual components focus too intensely on their own territory and minimize coordination with other program components.

Moreover, some staff members assume two roles - resulting in additional responsibility with conflict in establishing job priorities. The problems of role ambiguity, role overlap, and role conflict often result in confusion within the program and diminished services to children and families. These difficulties have been routinely compounded by changing program policies and priorities.

In addition to the problems of job role and organizational difficulties, the human problems of poor communication, personnel turnover, and territoriality have hindered the integration of Head Start components. As feelings of job isolation and territoriality increase, the lack of a coordinated team approach becomes prevalent. This lack of information-sharing and coordination often results in duplication of services, inadequate services, and a fragmented program for children, families, and staff.

Documentation of such programmatic blocks as described was made in FY '75-'76 in three states in Region IV. The people surveyed included directors, component coordinators, and teachers. A total of 366 staff members responded from within three states.

INTERACTION AMONG HEAD START COORDINATORS: ROLE INTERACTION MATRIX

This interaction survey was designed to measure the extent of interaction in task performance between component coordinators in the same program. The types of interactions were recorded, but these are omitted in the tables. Only the occurrence of interaction is presented. The percentages represent the total number of interactions on a state basis between a coordinator and other staff members.

The percentage figure may be compared to 100, which is representative of a reasonable level of interaction requiring only one contact or interaction with each coordinator per task. The 100 or reasonable level does not represent a constant interactive level but merely a single contact or communication of some form. This amount, one interaction per staff member per task, would be a necessary minimum for effective performance.

As the figures indicate on a state basis, many coordinators are not reaching this minimum level. Some are interacting only one-half as much as the acceptable level (100%) requires.

The survey design was categorized by component and listed five major job tasks for each component coordinator. The tasks were defined in the 1975 Revised OCD Performance Standards for Head Start.

Beside each task the respondent was to note the occurrence and type of interaction he had with individual staff coordinators in his performance of the task.

Since the tasks listed were basic component responsibilities, most would require at least one occurrence of interaction with individual coordinators to achieve a minimally effective level of task achievement.

Of course, valid reasons may exist for the absence of staff interaction in the task performance. The prevalence, however, of 50% and below interaction levels across different components does suggest a need for increased staff communications and information-sharing activities such as regular staffings and conferences. The omission of consistent interactions among program staff results in staff conflict, duplication of efforts with two or more persons unaware of each other's performances, and territorial behavior with staff members isolating themselves from an integrated program approach.

Inter-component communication is a vital first step in beginning an integrated team approach. As component coordinators begin to communicate and coordinate their plans and tasks, they recognize the value and efficiency of sharing responsibilities in program implementation. The feeling of participation in a team effort improves staff morale as the quality and effectiveness of a program become a source of group pride.

ROLE INTERACTION MATRIX

Percentages indicate a state cumulative of interaction level between specific staff coordinator and other program components. Only State A and State B participated in this survey.

DIRECTOR

Job tasks listed in survey to measure interaction:

-- Provide a job description for each job in the program
-- Provide a program for career development and staff training
-- Provide procedures for orientation of new employees
-- Conduct regularly scheduled staff meetings
-- Provide procedures for evaluating employee performance

Percentage indicates interaction level between Director and:

	Teacher	Parent Involve.	Social Svcs.	Health	Handicap	Education
State A	75%	75%	76%	78%	73%	100%
State B	(Did not complete survey for Director position)					

EDUCATION

Job tasks listed in survey to measure interaction:

-- Supervise development of an individualized educational plan to meet the needs of each child
-- Supervise procedures for on-going observation, recording and evaluation of each child's progress
-- Meet with parents, staff, policy group to discuss educational objectives and performance standards

Percentage indicates interaction level between Education Coord. and:

	Teacher	Parent Involve.	Social Svcs.	Health	Handicap	Director
State A	44%	35%	27%	26%	32%	49%
State B	97%	79%	89%	79%	92%	100%

PARENT INVOLVEMENT

Job tasks listed in survey to measure interaction:

-- Arrange and coordinate opportunities for parents to enhance their parenting skills
-- Assumes responsibility for recruiting, training, and involving parents in program
-- Assumes responsibility for writing, implementing and evaluating the parent program that meets objectives of performance standards
-- Plans and implements regular communication between Head Start program and parents

Percentage indicates interaction level between Parent Involvement Coord. and:

	Teacher	Education	Social Svcs.	Health	Handicap	Director
State A	51%	45%	51%	42%	22%	60%
State B	64%	67%	67%	53%	71%	78%

SOCIAL SERVICES

Job tasks listed in survey to measure interaction:

-- Develops and implements plan for the recruitment and enrollment of regular children and handicapped children
-- Provides counseling, emergency assistance or crisis intervention to families
-- Maintains information on available community resources, makes appropriate referrals, and follow-up to assure delivery of needed services
-- Identifies family needs for which community services are absent or inadequate and works with other agencies to develop programs to meet these needs

Percentage indicates interaction level between Social Svcs. Coord. and:

	Teacher	Education	Parent Involve.	Health	Handicap	Director
State A	57%	37%	70%	70%	72%	72%
State B	60%	68%	64%	70%	66%	75%

HEALTH/NUTRITION

Job tasks listed in survey to measure interaction:

-- Identify nutritional needs and problems of children
-- Families receive education in selection and preparation of foods to meet family needs
-- Coordinates collection of medical, dental history, screening and examinations
-- Assumes responsibility for acquiring needed follow-up treatment to children with health defects, special needs

Percentage indicates interaction level between Health/Nutrition Coord. and:

	Teacher	Education	Parent Involve.	Social Svcs.	Handicap	Director
State A	54%	32%	36%	28%	22%	52%
State B	61%	26%	33%	36%	43%	41%

HANDICAP

Job tasks listed in survey to measure interaction:

-- Channels information/materials to coordinators for use in establishing training for parents and staff in services to handicapped children
-- Provides materials, assistance in setting up recruitment campaign for handicap children
-- Assists in collecting records on child recruited, particularly from resource agency
-- Coordinates diagnoses by sharing information on available local, state, regional resources/efforts providing screening/diagnostic services

Percentage indicates interaction level between Health Coord. and:

	Teacher	Education	Parent Involve.	Social Svcs.	Health	Director
State A	52%	47%	62%	62%	55%	65%
State B	67%	71%	70%	90%	79%	85%

TEACHER

Job tasks used in survey to measure interaction:

-- Conducts on-going classroom assessment of child
-- Develops and uses individualized approaches to teaching all children
-- Arranges a classroom environment conducive to learning
-- Coordinates with other personnel physical provisions for handicapped children to ensure their safety

Percentage indicates interaction level between Teacher and:

	Education	Parent Involve.	Social Svcs.	Health	Handicap	Director
State A	40%	40%	40%	50%	40%	50%
State B	(Did not complete survey for teacher position)					

All Head Start component coordinators need to understand their own roles and areas of responsibilities before moving toward coordination with other staff members.

If there is an omission of a job description or if the demands of the position create conflict, a person cannot work effectively with a team approach. Some of these blocks must be removed by the individual's close analysis of the position he has assumed. This would require examining the responsibilities, the skills required, ability and motivation, and the areas of conflict both intrapersonal and interpersonal. Other blocks to role clarification can be removed by a staff group process providing information and varying perceptions about component roles.

A second survey administered to the same people in the three states was designed to collect information on the program staff's understanding of various roles and task performance. Again, the tasks are as defined in the OCD Performance Standards but these were not listed categorically by component. The respondents had to identify:

1) Who <u>should</u> assume major responsibility for this task in the Head Start program?
2) Who <u>is</u> performing this task in your program now?

The percentages are state cumulatives and reflect number of respondents:

(1) Accurately identifying component job responsibilities according to OCD Performance Standards.

(2) Identifying the appropriate component coordinator who is actually performing a designated task within the program

The percentages recorded in the column "Who is performing this task now" reflect in many instances a diffusion of job responsibility across program staff. That is, if the Educational Coordinator should perform the task according to performance standards, but only 52% of respondents have attributed the actual performance to the Educational Coordinator, then 48% are attributing the performance to other coordinators. The percent of performance attribution to other components was measured (i.e. 25% social services, 13% director) but is not printed in this study.

Once again valid justification for this role overlap may exist. Yet, the data reflect unclear job delineations as three or more coordinators perform a task that should be a major responsibility of only one coordinator.

It appears that there is a widespread need in these programs for clearer job analyses, task delineation, and role clarification in order for programs to operate in a more organized, integrated manner.

ROLE CLARIFICATION AREAS

Common problem areas in role clarification were discovered across programs. These include:

Role ambiguity where there is a lack of defined job functions, responsibilities and skills required to perform in that role.

Role overlap where lines of responsibility merge with several components. It is not inherently a conflicting state, but role overlap can stimulate job isolation or territorial behaviors.

Multiple roles where one individual may be required to assume two or even three job positions simultaneously. Responsibilities are increased, and the coordinator faces the constant task of setting priorities not only within one role but among two or more roles.

Interstaff role conflict where conflicting perceptions of a coordinator's job are held among other staff.

ROLE RESPONSIBILITY SURVEY

Percentages represent respondent cumulatives from State A, State B, and State C on an individual state basis and indicate responses to two basic questions:

1. Based on Performance Standards, who should assume major responsibility for this task?
2. Who is performing this task in your program now?

Responsibilities from OCD Performance Standards for Director:	Percent of respondents (out of 100%) indicating this is the responsibility of the Director	Percent of respondents (out of 100%) indicating this is actually performed by the Director in their program.
Provides procedures for evaluating employee performance	State A = 72% State B = 73% State C = 85%	State A = 37% State B = 51% State C = 60%
Provide a job description for each job in the program	State A = 72% State B = 91% State C = 77%	State A = 40% State B = 47% State C = 61%
Provides a program for career development and staff training	State A = 14% State B = 35% State C = 27%	State A = 14% State B = 26% State C = 32%
Provides procedures for orientation of new employees.	State A = 48% State B = 69% State C = 64%	State A = 29% State B = 43% State C = 48%
Conduct regularly scheduled staff meetings	State A = 57% State B = 79% State C = 71%	State A = 38% State B = 55% State C = 56%

55

ROLE RESPONSIBILITY SURVEY

Percentages represent respondent cumulatives from State A, State B, and State C on an individual state basis and indicate responses to two basic questions:

1. Based on Performance Standards, who should assume major responsibility for this task?
2. Who is performing this task in your program now?

Responsibilities from OCD Performance Standards for Educational Coordinator	Percent of respondents (out of 100%) indicating this is the responsibility of the Ed. Coord.	Percent of respondents (out of 100%) indicating this is usually performed by the Ed. Coord. in their program
Meet with parents, staff, policy group to discuss education objectives and performance standards.	State A = 68% State B = 44% State C = 53%	State A = 56% State B = 29% State C = 53%
Supervise development of an individualized educational plan to meet the needs of each child.	State A = 91% State B = 57% State C = 65%	State A = 64% State B = 36% State C = 49%
Supervise procedures for on-going observation, recording and evaluation of each child's progress.	State A = 68% State B = 51% State C = 52%	State A = 49% State B = 33% State C = 48%

ROLE RESPONSIBILITY SURVEY

Percentages represent respondent cumulatives from State A, State B, and State C on an individual state basis and indicate responses to two basic questions:

1. Based on Performance Standards, who should assume major responsibility for this task?
2. Who is performing this task in your program now?

Responsibilities from OCD Performance Standards for Handicap Coordinator	Percent of respondents (out of 100%) indicating this is the responsibility of the Handicap Coord.	Percent of respondents (out of 100%) indicating this is usually performed by the Handicap Coord. in their program
Channels information/materials to program coordinators for use in establishing training for parents and staff in services to handicap children.	State A = 76% State B = 57% State C = 69%	State A = 51% State B = 38% State C = 60%
Provides assistance, materials available in setting up recruitment campaign for handicapped children.	State A = 69% State B = 75% State C = 72%	State A = 54% State B = 43% State C = 67%
Coordinates with other program personnel physical provisions for handicapped children to ensure their safety and comfort.	State A = 58% State B = 73% State C = 69%	State A = 54% State B = 45% State C = 63%
Coordinates diagnoses by sharing information on available local, state, regional resources/efforts providing screening/ diagnostic services.	State A = 40% State B = 42% State C = 43%	State A = 41% State B = 36% State C = 43%
Serves as liaison for program to specially funded and relates service and training needs from program to specially funded.	State A = 44% State B = 47% State C = 35%	State A = 31% State B = 34% State C = 29%

ROLE RESPONSIBILITY SURVEY

Percentages represent respondent cumulatives from State A, State B, and State C on an individual state basis and indicate responses to two basic questions:

1. Based on Performance Standards, who should assume major responsibility for this task?
2. Who is performing this task in your program now?

Responsibilities from OCD Performance Standards for Health Coordinators	Percent of respondents (out of 100%) indicating this is the responsibility of the Health Coord.	Percent of respondents (out of 100%) indicating this is usually performed by the Health Coordinator in their program
Coordinates collection of medical, dental history, screening and examinations.	State A = 89% State B = 79% State C = 73%	State A = 46% State B = 53% State C = 64%
Assumes responsibility for acquiring needed follow-up treatment to children with health defects, special needs.	State A = 68% State B = 62% State C = 61%	State A = 50% State B = 47% State C = 51%

ROLE RESPONSIBILITY SURVEY

Percentages represent respondent cumulatives from State A, State B, and State C on an individual state basis and indicate responses to two basic questions:

1. Based on Performance Standards, who should assume major responsibility for this task?
2. Who is performing this task in your program now?

Responsibilities from OCD Performance Standards for Teacher	Percent of respondents (out of 100%) indicating this is the responsibility of the Teacher	Percent of respondents (out of 100%) indicating this is usually performed by the Teacher in their program
Conducts on-going classroom assessment of child's development.	State A = 58% State B = 84% State C = 53%	State A = 45% State B = 67% State C = 65%
Arranges a classroom environment conducive to learning and reflective of the different stages of development of children.	State A = 52% State B = 75% State C = 62%	State A = 35% State B = 60% State C = 64%
Develops and uses individualized approaches to teaching all children meeting the special needs of each.	State A = 44% State B = 58% State C = 49%	State A = 38% State B = 47% State C = 55%

ROLE RESPONSIBILITY SURVEY

Percentages represent respondent cumulatives from State A, State B, and State C on an individual state basis and indicate responses to two basic questions:

1. Based on Performance Standards, who should assume major responsibility for this task?
2. Who is performing this task in your program now?

Responsibilities from OCD Performance Standards for Social Services Coordinator	Percent of respondents (out of 100%) indicating this is the responsibility of the Soc. Svcs. Coord.	Percent of respondents (out of 100%) indicating this is usually performed by the Soc. Svcs. Coord. in their program.
Identifies family needs for which community services are absent or inadequate and works with other agencies to develop programs to meet these needs.	State A = 95% State B = 87% State C = 84%	State A = 73% State B = 56% State C = 69%
Develops and implements plan for the recruitment and enrollment of regular children and handicap children.	State A = 84% State B = 55% State C = 68%	State A = 69% State B = 47% State C = 55%
Assists when needed in collecting records on child recruited, particularly from resource agency.	State A = 67% State B = 74% State C = 68%	State A = 46% State B = 51% State C = 52%
Provides counseling, emergency assistance or crisis intervention to families.	State A = 81% State B = 84% State C = 72%	State A = 45% State B = 54% State C = 61%
Maintains information on available community resources, makes appropriate referrals and follow-up to assure delivery of needed services.	State A = 63% State B = 75% State C = 71%	State A = 52% State B = 53% State C = 57%

ROLE RESPONSIBILITY SURVEY

Percentages represent respondent cumulatives from State A, State B, and State C on an individual state basis and indicate responses to two basic questions:

1. Based on Performance Standards, who should assume major responsibility for this task?
2. Who is performing this task in your program now?

Responsibilities from OCD Performance Standards for Nutrition Coordinator	Percent of respondents (out of 100%) indicating this is the responsibility of the Nutrition Coord.	Percent of respondents (out of 100%) indicating this is actually performed by the Nutrition Coord. in their program
Identify nutritional needs and problems of children.	State A = 78% State B = 78% State C = 57%	State A = 54% State B = 24% State C = 43%
Families receive education in selection and preparation of foods to meet the family needs.	State A = 85% State B = 70% State C = 63%	State A = 64% State B = 25% State C = 49%

ROLE RESPONSIBILITY SURVEY

Percentages represent respondent cumulatives from State A, State B, and State C on an individual state basis and indicate responses to two basic questions:

1. Based on Performance Standards, who should assume major responsibility for this task?
2. Who is performing this task in your program now?

Responsibilities from OCD Performance Standards for Parent Involvement Coordinator:	Percent of respondents (out of 100%) indicating this is the responsibility of the Parent Inv. Coord.	Percent of respondents (out of 100%) indicating this is actually performed by the Parent Inv. Coord. in their program
Assumes responsibility for writing, implementing and evaluating the parent program that meets objectives of performance standards.	State A = 82% State B = 86% State C = 64%	State A = 64% State B = 63% State C = 51%
Assumes responsibility for recruiting, training and involving parents in program.	State A = 70% State B = 55% State C = 68%	State A = 69% State B = 47% State C = 55%
Arrange and coordinate opportunities for parents to enhance their parenting skills.	State A = 80% State B = 84% State C = 60%	State A = 54% State B = 47% State C = 47%
Plans and implements regular communication between Head Start program and parents.	State A = 69% State B = 67% State C = 59%	State A = 43% State B = 47% State C = 43%

Utilization of Supplemental Funding

IV. UTILIZATION OF SUPPLEMENTAL FUNDING

In FY 1975-76, Region IV Head Start programs received supplemental funding from the Office of Child Development to optimize the provision of services to handicapped enrollees.

The regional average of the supplemental allotments was $18,795, but fifty percent (50%) of the programs received $13,000 or less.

An examination of the use of this funding by local programs has generated the following regional profile of expenditures:

Mean	Rank	Area of Expenditure
1.44	1	Hiring of additional staff
1.34	2	Provision of therapy or treatment
.81	3	Purchase of materials
.76	4	Purchase of equipment
.59	5	Staff development
.40	6	Transportation
.26	7	Other
.09	8	Remodeling of facilities

The region's use of supplemental funding deserves close examination -- since the expenditures of financial resources represent the potential for critical impact on service delivery.

Although "lack of adequate transportation" was listed as one of the most frequent reasons for exclusion of the handicapped, monies allocated for transportation rated as one of the lowest expenditures.

Head Start's initial response to the 1972 congressional mandate voiced strong concern over the prospects of massive costs for remodeling and renovation. This potential concern has not materialized as a problem of general consequence in mainstreaming the handicapped. Expenditures on "remodeling of facilities" ranked as the least frequent use of supplemental funding.

Seventy three percent (73%) of the programs reporting indicated that supplemental funds were used to finance additional staff positions in the program.

The regional profile of additional staff who were supported by supplementary handicap funding is charted below. The data reflect the percentage of total agencies which checked that these positions were filled with either part-time or full-time personnel.

POSITIONS FILLED WITH SUPPLEMENTARY FUNDS

Position	% who checked either full-time or part-time	% hired full-time	% hired part-time
Local Handicap Coord.	39.7%	31.2%	8.5%
Speech Therapist	34.1%	9.5%	24.6%
Other	24.2%	11.6%	12.6%
Classroom Aide	16.1%	10.1%	6.0%
Psychologist	14.6%	0.5%	14.1%
Diagnostician	10.0%	1.5%	8.5%
Transportation Provider	9.0%	3.0%	6.0%
Physical Therapist	4.0%	0.5%	3.5%

The relationship between the prevalence of handicapping conditions and the hiring of additional staff deserves close examination. It should be noted that 39.7% of the 209 agencies reported use of supplementary funding to hire a Coordinator of Services for the Handicapped. The acquisition of these new personnel has strong implications for training and orientation programs in the local agencies. The Chapel Hill Project will serve as a primary source for training and orientation of these new personnel.

While Region IV data report that 47.84% of the handicapped population are professionally-diagnosed as "speech impaired," only 34.2% of the agencies used supplementary funding to hire Speech Therapists.

Of special note is the report that "Lack of Transportation" was listed as one of the most frequent reasons for exclusion of handicapped applicants; yet, only 9% of the agencies reported use of supplemental funds to alleviate problems with transportation.

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Hopefully, a close analysis of the report of regional problems can provide objective information which can serve as a guide in the anticipated and actual priorities for expenditure of supplemental funding.

Reports from Region IV State Training Offices

V. REPORTS FROM REGION IV STATE TRAINING OFFICES

FLORIDA

FY '75-'76 saw some outstanding achievements accomplished by Florida Head Start programs in the goal to provide comprehensive, quality services to handicapped children.

Collaboration, Utilization of Resources, Recruitment

State interagency collaboration was launched by the Florida Collaborative Planning Conference jointly sponsored by the State Training Office and the Specially Funded (Outreach) programs in late July, 1975. The contacts made at this meeting were followed up on the state, specially funded, and local levels and have demonstrated mutual benefits to the resource agencies and to Head Start.

State Level

At the state level, linkage between Head Start and the Florida State Department of Education - Bureau of Education for Exceptional Students (DOE/BEES) proved to be most fruitful. The collaborative process began with joint planning and led to the participation of Head Start in the writing of the Florida State Plan for the Education of Exceptional Children - FY'76. Several cooperative projects which were written into the FY'76 State Plan were realized during the year.

Among these accomplishments were: the training, technical assistance, reference and material resources of the Florida Learning Resources System (FLRS) Centers were made available to Head Start programs with linkage provided through the Specially Funded (Outreach Programs). The State Training Office Resource Library collection was made available for the use by school district participants in the FLRS Network; likewise, linkage has also been established with the 18 DOE/BEES Regional Diagnostic and Resource Centers and Child Find Projects both at the Specially Funded and local levels; five of the Specially Funded (Outreach) Programs also cooperated with DOE/BEES in the Florida field testing of the A.A.M.D. Adaptive Behavior Scale - Public School Version by providing a testing population from which standardized norms for adaptive behavior for Florida preschool children can be determined.

Specially Funded and Local Level

Collaborative training efforts and the exchange of staff training have been carried out with one of the Florida Sunland Training Centers (state institutions providing residential care of the severely mentally retarded). The next program year should witness the first enrollment of Sunland Training Center's preschoolers into Head Start. A Head Start Center has been established at the site of a University Affiliated

Facility (UAF) at the University of Miami; several local programs have developed excellent rapport with school district "Child Find Projects" and are making and receiving referrals of children for services from these programs. Many local programs have made contact with school district operated Title VI-B Projects and have cooperated in providing shared services to children enrolled in both programs.

Agencies that are not operated by school districts have been developing a model for an interdisciplinary team approach in evaluating and diagnosing handicapped children. The three programs, in Duval, Pinellas, and Broward Counties, have worked independently, but have come up with similar procedures and models for having regular staffings of children by a panel consisting of health professionals, allied health service professionals, the various Head Start component coordinators, Head Start classroom teachers and parents. The use of this interdisciplinary team has provided a comprehensive and integrated approach for evaluation, diagnosis, treatment and management planning for children that has proven most effective.

Screening

Florida participated in the Region IV Screening Project operated under the auspices of the Bill Wilkerson Hearing and Speech Center of Nashville, Tennessee. Twenty-six full year programs with approximately 6,000 children were included in screening. In addition to the valued leadership and assistance provided by the Wilkerson Center, the following Florida Universities participated: Florida State University, University of Florida, University of South Florida, University of Miami, and Florida International University.

It now appears that replication of the 1975 screening will be accomplished in FY '76-'77, and that a firm relationship with the universities has been established.

Collaboration has occurred with the DOE/BEES Speech, Language, and Hearing consultant to work out procedures whereby follow-up services for Head Start children identified as having problems in these areas will be provided when they enter public school programs in the fall.

Training Approaches

All Florida Specially Funded Outreach Programs have cooperated with the State Training Office during FY '75-'76 in the planning and presentation of three state-wide workshops on subjects related to the handicap effort. Outreach programs have also collaborated among themselves to provide joint training workshops to two or three clusters.

Frank Mandley
Florida Head Start
State Training Office

GEORGIA

The past year of working in the Head Start Handicap effort has been a year of exciting change accompanied by progress in mainstreaming children with special needs. The Georgia State Training Office has provided overall coordination for the handicap effort in Georgia, but as always, the Specially-Funded Handicap Coordinators have furnished the grass roots support for the effort in our state.

The major thrust of the State Training Office this year has been the integration of the handicap effort into other major components of Head Start. The majority of grantees report that the recruitment of handicapped children has greatly improved with increased integration of all staff components. Contacts have been made with state, local, private and non-profit agencies already serving handicapped children. A wide variety of recruitment materials developed by Chapel Hill Training-Outreach Project were used widely by Georgia grantees.

The State Handicap Coordinator was invited to present a workshop on mainstreaming at the Georgia Association for Young Children State Meeting held in Savannah. This presented us with another opportunity to share the exciting happenings of Head Start with other interested groups.

As a result of collaboration with the Georgia Department of Human Resources, Head Start grantees were invited to participate in a three-day workshop dealing with specific techniques for use with severely handicapped individuals. The workshop was conducted by Marc Gold of the University of Illinois.

In February of 1976 the State Training Office sponsored a two-day workshop in Atlanta focusing on specific techniques for integrating all Head Start components. This workshop was attended by every grantee in the state of Georgia. The ideas presented and formulated in this workshop reflect the overall goal of the handicap effort. By focusing on cooperation and communication within each agency it will be possible to insure that a handicapped child will receive a successful mainstreaming experience.

In order to strengthen this concept of integration, the State Handicap Coordinator co-sponsored a Health Handicap Workshop with Westinghouse Health Systems and the regional health liaison specialist in May of 1976. Each session during the workshop was designed to show that the Handicap Effort is in reality a part of the total program effort.

The entire year has been one for increased collaboration coupled by acceptance of the Georgia Handicap Effort as an integrated approach to serving children and families with special needs.

Sally Carter
Georgia State Training
Office

KENTUCKY

One of the basic philosophies of the Head Start Program is that of total involvement of the child's family, as well as the community. A strong volunteer program is an integral component of the Head Start approach.

Responding to a questionnaire distributed in the spring of 1975, Head Start teachers and staff provided detailed information and recommendations in the utilization of volunteers in Kentucky's Head Start Programs.

Thirty-eight and one-half percent (38.5%) of the teachers reported that their volunteers worked specifically with handicapped children; 53.8% reported that volunteers were not utilized in this way; and 7.7% did not respond to this particular question.

77.4% replied that parents were the most helpful. Students and nurses were considered next most beneficial to the classroom teacher at 9.4%. Neighborhood Youth Core (NYC) appeared 7.5%. Others listed included siblings, cafeteria workers, teenagers, other family members, physicians, librarians, RSVP (Senior Citizens), teachers, other citizens, speech and occupational therapists, and manpower trainees.

When asked, "do you want to use volunteers next year in your classroom?" the majority (98%) responded "yes" often adding words such as "definitely" and "very much". However, words of caution were also included such as "not unless orientated" or "often too close a relationship exists."

Not all (10.2%) respondents thought there should be a training program for volunteers. However, most expressed a definite need for such a program.

The average number of volunteer hours reported by the classroom teacher was 19½ a week. One teacher who reported zero hours of volunteer services also noted that she did not want to use them unless they received orientation. Even though only 38.5% responded that volunteers worked specifically with handicapped children, closer examination of the handicapping conditions present in the classroom would be necessary before determining the need for this function.

Sharing volunteer utilization information is a source of motivation for innovations and improvements in volunteer programs. A training program for teachers on the effective use of volunteers would be beneficial to all concerned --- child, teacher, volunteer.

A training program for volunteers based on recommendations from teachers, orientation to Head Start philosophy and the Head Start classroom as well as specific activities, would be invaluable to all. Of course, well-trained volunteers may be converted into well-trained teachers when the need arises!

In the effort to achieve more effective involvement of volunteers in the Head Start Program, the particular needs and capabilities of each teacher, child, and volunteer must be considered.

SueAnn S. Losey
Kentucky State
Training Office

MISSISSIPPI

Mississippi Head Start Programs are taking the necessary steps to insure that all handicapped children enrolled in the program receive the full range of comprehensive Head Start services. These services to handicapped children are considering the child's unique needs, his developmental potential, and family circumstances.

The utilization of resources has been a rewarding effort to Head Start in Mississippi with full cooperation and participation from various Mental Health Agencies, Easter Seal, Speech and Language Clinics, and other agencies on a full or part-time basis. These resources assisted in:

A. Planning Mental Health, Speech and Language programs. (This is done in coordination with the Handicap Coordinator, Education Director, Teachers and Parents to provide necessary programming and/or referral services.

B. Training of Head Start Staff. (This is accomplished through pre-services and In-Service Training and meeting with parents.)

C. Periodic observation of children and consultation with teachers and other staff members. (Children are observed routinely and teachers are assisted in providing classroom activities to follow-up clinic visits or therapy treatment.)

D. Orientation of parents through workshop presentations and individual parent meetings.

Recruitment

Efforts to recruit handicapped children into Mississippi Head Start were successful. There has been training on procedures of recruiting children with handicapping conditions in statewide, cluster and local workshops. Many recruitment efforts were launched by public T.V. and radio spots, newspaper, bumper stickers, posters, mail, door-to-door canvassing, telephone, billboards, referrals from other agencies, and parent meetings in the community. The recruitment of children with handicapping conditions was a total program effort throughout the state.

Professional Documentation

In Mississippi each handicapped child is provided a signed professional diagnosis of the disability. Each Head Start enrollee receives an initial physical and developmental screening during the first months of the school year. Appropriate steps are taken through health and education services to detect children with potential problems in the following ways:

A. Observations by teachers, handicap coordinators, health services staff and other component heads.

B. The LAP Assessment Tool or other tools used for assessment.

C. Previous medical and family histories.

Children are referred to professional diagnosticians for confirmation of suspected handicapping conditions. Each diagnostic evaluation is signed by a licensed professional, forwarded to the Handicap Coordinator, and placed in the child's individual folder in the central office. For those children diagnosed as handicapped, an outlined treatment plan is written and placed with the Handicap Coordinator, Education Director, and Teacher. A copy is placed in the child's individual folder. Progress notes on the child's development are kept on file in the central office.

Training

There has been continued training in the area of Special Education and related areas for teachers, parents, component heads and outreach workers. Many of the colleges and universities across the state have provided course credit to Head Start personnel for training in Speech and Language Development, Curriculum Development, Child Psychology and Behavior Modification. There have been cluster-wide workshops and follow-up services in a variety of areas involving special services to children.

During the last program year intensive efforts have been made to involve all components in providing services to children with special needs. These include: the provision of an effective recruiting system through Social Services and other components; professional diagnoses and prescriptive services to children; an increased utilization of state, local and community resources; and continuous training in all components.

Mildred Burnett
Mississippi State
Training Office

NORTH CAROLINA

North Carolina Resource Collaboration Day

On October 1, 1975, the first statewide Collaborative Resource Conference for North Carolina Head Start was sponsored by the North Carolina State Training Office. The overall goal for the statewide meeting was to provide collaboration and coordination for the improvement of services to children and families in North Carolina.

The objectives for the meeting were:

1. To update agencies on Head Start operations.
2. To update conference participants and Head Start about other North Carolina agency operations.
3. To share information packages among all participants regarding agencies represented.
4. To develop ongoing collaborative meetings.
5. To identify existing systems of services to children in North Carolina.

Approximately 100 persons attended the Collaborative Conference. The morning was used for discussion of a) Head Start and the Handicap Effort, b) Services through the Office for Children, c) Early Intervention and d) North Carolina Pre-Kindergarten Screen. The afternoon session was utilized for agency exhibits and material dissemination. Head Start agencies were able to hear a brief lecturette and ask questions of approximately 14 agencies:

1. Head Start programs
2. Office for Children
3. State Training Office and Bill Wilkerson Center
4. Department of Human Resources
   Division of Social Services
   Psychological Services
5. State Department of Public Instruction
   Division for Exceptional Children

6. Chapel Hill Training-Outreach Project
7. Western Carolina Parent Training Institute
8. Department of Speech and Hearing Sciences
9. Access to Mainstream
10. Department of Human Resources
    D.E.C.
    Pre-Kindergarten Screen
11. Council on Young Children
12. Department of Human Resources
    Division of Health Services
13. LINC
14. TEACCH Program

Each participant had an opportunity to reach an agreement for further collaboration with the agency of her/his choice. The conference was effective in solidifying some agreements for services and initiating other plans for interagency cooperation.

North Carolina Head Start Communication Disorders Screen

Five thousand children waited to be screened from November 3-25, 1975 and they were located from the east coast to the western mountains in North Carolina. This effort required massive coordination in preparing the Head Start staff members, the Head Start children and families, the Screening Team members and the State Training Office staff. Each Head Start program received training on the screening effort and activities to condition the children; this training was based on a training package designed by Jo Pennington, State Handicap Coordinator.

Also in October was the training for university students and faculty and other agency personnel who would participate as screeners. Head Start nurses were requested to attend this training.

The North Carolina Screen resulted in collaboration among eight universities, public schools, churches, human service agencies, Head Start and the Bill Wilkerson Hearing and Speech Center. The cooperating universities included:

a) Appalachian State University
b) East Carolina University
c) A & T State University
d) North Carolina Central University
e) Shaw University
f) University of North Carolina at Chapel Hill
g) University of North Carolina at Greensboro
h) Western Carolina University.

An overall goal for the screening effort was to enable local Head Start programs to implement an effective community-based system for identifying Head Start children with special needs. Therefore, a manual entitled Screening: A Resource Guide has been written by Jo Pennington with assistance from Nellie Jones and other State Training Office staff members. It was printed for distribution to North Carolina Head Start by the Chapel Hill Training-Outreach Project.

A mediated presentation of the North Carolina screening program was developed for use in the Region IV Collaboration '76 conference. It is anticipated that these materials will stimulate and facilitate replication of the 1975-76 state-wide screen in North Carolina.

Training for Trainers

A major area of need for the Training and Technical Assistance Network of Head Start has been in the design of training. The North Carolina State Training Office received a week of staff development in training design during July of 1975 by Mr. William Welch of the Behavioral Management Center of White Plains, Maryland.

In March, the North Carolina State Training Office contracted the services of Mr. Welch for the benefit of the Specially-Funded Handicap Network. The coordinators invited another of their staff members to attend the training. Each person received a training design package and participated in designing and demonstrating a training session using the format of behavioral objectives.

Training for National Head Start Association

A team approach to training for the National Head Start Association utilized the North Carolina State Training Office Handicap Coordinator, Program Director, and Health Consultant. The workshop was entitled "Head Start: An Integrated Model." The overall objective of the training was for participants to know that the handicapped child is to be integrated into all components of Head Start. The training method was that of assimilation through problem-solving, audio-visual supplementation and lecturette. Approximately 180 Head Start personnel were trained during three sessions.

Statewide Training for North Carolina Head Start: Health-Handicap Coordinators

A statewide training conference on the Coordination of Health and Handicap Effort Services was sponsored and conducted by the North Carolina State Training Office for Head Start. The overall purpose of the Health-Handicap Coordination Workshop was to increase the ability of Head Start Health and Handicap Coordinators in planning with their components for providing comprehensive services to the handicapped child.

Jo Pennington
North Carolina State
Training Office

SOUTH CAROLINA

The South Carolina Head Start State Training Office, in its continuing effort to provide effective and relevant services to Head Start handicapped children and their families, assumed a number of projects through this past year.

In the early part of July, South Carolina held its first State Collaboration Conference, where a number of agreements and commitments were made. Resource agencies from over the state presented grantees with knowledge of services which could be provided to Head Start agencies in implementing the handicap effort.

The conference was successful in that it opened the doors to future collaboration on the state and local levels. These areas of collaboration include: (1) Participation on the Advisory Board with the University Affiliated Facilities programs of South Carolina. The UAF's will become involved with Head Start by providing services for handicapped children in such areas as screening, diagnosis, evaluations, treatment planning, and family counseling. (2) Communication with the State Department of Educations' Office of Programs for the Handicapped in assisting with the tracking of unserved handicapped from age 3 - 5, and the reporting of served handicapped from age 3 - 5. (3) Head Start received an invitation and had wide participation at the Annual Workshop on Special Education which was sponsored by the Habilitative Sciences Special Education, Speech Pathology and Audiology Department at South Carolina State College. (4) Screening and diagnostic services were secured from the Pee Dee Speech and Hearing Center. This agency also provided follow-up services and training for one cluster in Language Development Activities. (5) The Department of Mental Retardation assisted Head Start staff by providing training in working with parents of handicapped children.

Identification of Children with Speech, Language, Visual-Motor and Hearing Disorders

The staff of the State Training Office met with the Chairman of the Department of Habilitative Sciences at South Carolina State College and two faculty members (a Speech Pathologist and an Audiologist) to collaborate on the provision of screening services for all Head Start Grantees in the state, should they choose to receive this service from South Carolina State College.

The team conducting the screening was composed of two professors in Speech Pathology and Audiology and several graduate students. Screening providers for this effort were:

1. Department of Speech Pathology and Audiology at South Carolina State College

2. Hitchcock Rehabilitation Center
3. Pee Dee Speech and Hearing Center
4. Graduate Students from Winthrop College
5. Charles Lee Speech and Hearing Clinic

Once the effort was completed, diagnostic and screening data was provided to grantees. Training in the use of language stimulation activities was supported by the State Training Office.

Developing Staff Competencies

In an effort to build staff competencies, Head Start staff requested and received training and technical assistance support in order to provide appropriate services for the handicapped. The staff and parents have invested many hours in attending training sessions conducted by the Head Start State Training Office, the Chapel Hill Training-Outreach Project, and federally-funded training programs. Field courses were offered in each cluster.

Mimi Stewart
South Carolina State
Training Office

TENNESSEE

A. State Advisory Committee

The Tennessee State Training Office is in the final stages of implementing a State Advisory Committee. The purpose of this committee is to increase communication and collaboration among agencies and to coordinate the use of funds available to serve children. Members of this committee include various directors of Head Start programs and representatives from the following agencies: Bill Wilkerson Hearing and Speech Center, State Department of Mental Health - Children and Youth Division, State Office of Child Development, East Tennessee Rehabilitation Center, Department of Human Services, and others on an ad hoc basis. Head Start directors serving on this committee comprise a sampling of representation based on size of programs, geographical location, and urban and rural communities.

The use of the State Advisory Committee in Tennessee will enhance each component area as well as services and training related to the handicap effort. The committee will be in full operation in June, 1976.

B. Mental Health Contract

Beginning with an initial task force meeting in 1972, a plan to provide Tennessee Head Start children and their parents with mental health services was proposed. From 1972 until 1975 these plans for implementation

were finalized. September 1, 1975 - January 31, 1976 was the time span in which the contract's objectives were met. Fifteen of the nineteen grantees received financial support and all nineteen grantees received non-monetary technical support. The purpose of the project was to provide seed money. These funds were used to establish relationships and to insure compliance for a specified period of time. Many programs have committed monies to continue the effort. Also, a significant number of inkind services are now being generated. In Tennessee, the Mental Health model was developed as a collaborative effort of the State Training Office and the State Department of Mental Health to meet the diverse needs of Head Start programs.

C. "Focus on Follow-Through - Program Continuity for the Head Start Child"

The Tennessee Department of Education, Douglas Cherokee Specially-Funded Handicap cluster, with involvement from the Tennessee State Training Office, worked in collaboration to provide a conference held April 22, 1976. The purpose of the conference was to address concerns about special children and their needs during the transition from Head Start to Kindergarten or first grade. Sessions were provided for Head Start staffs from within the cluster programs and public school personnel to discuss together the coordination of services and programs for children.

D. "Model Trainer" Program

In collaboration with Bill Wilkerson Hearing & Speech Center, a model trainer program was planned and implemented in March 1976 and is currently in the process of evaluation. This pilot effort was carried through in the Cordell Hull Head Start program. The purpose of the model trainer program was to provide on-site training to teachers and parents of children with handicapping conditions of speech, hearing, and visual motor integration.

A team including staff and graduate students from Bill Wilkerson Hearing and Speech Center provided on-site consultation one day a week for six consecutive weeks. This team went directly into the designated classroom and carried out classroom activities with the children for the entire day. A period at the end of each session was scheduled for feedback. During this allotted block of time, teachers, aides, and/or parents were given the opportunity to question the team regarding the techniques employed by them that day.

It is the intent of the State Training Office to expand this model trainer program to include seven additional central state Head Start programs by the fall, 1976.

E. Two Statewide Workshops

To assist the nineteen Head Start grantees in the provision of high quality programs and services to handicapped children, the State Training Office planned, implemented and evaluated two statewide workshops which were global in nature and provided sessions by consultants in areas which were expressed needs of the Head Start programs. Program staff in attendance covered each area.

F. Model Teaching/Therapy Internships

In order to provide Head Start staff with needed on-site training and technical assistance to develop staff competence necessary for serving handicapped children, the State Training Office has begun planning for model teaching/therapy internships. Twenty-five trainees will receive these internships in Rehabilitation centers or Head Start centers which provide a model program. The trainees will observe local professionals in the training and/or therapy of children with specific handicapping conditions. This will hopefully lead to a better understanding of specific handicaps and classroom techniques.

Suzanne H. Sawyer
Tennessee State
Training Office

NOTE: Due to loss of OCD funding which precipitated the closing of the Alabama State Training Office, no report was submitted by this state.

Services by the Chapel Hill Training~Outreach Project

VI. SERVICES BY THE CHAPEL HILL TRAINING-OUTREACH PROJECT TO HEAD START

During FY 1975-76 the Chapel Hill Project continued its third year of intensive services to Region IV Head Start. The following report provides a synthesis of the project's multi-faceted role of training, material development, coordination, and sub-contracted services which supported the Head Start regional goals.

A. MEDIA AND MATERIAL DEVELOPMENT

1. Recruitment Materials

In Head Start, Recruitment of Handicapped refers to the agency's attempt to satisfy the 1972 congressional mandate that a minimum of 10% of the enrollment must include handicapped children. The recruitment campaign has emphasized the identification and enrollment of handicapped children requiring special education and related services.

Numerous community leaders are unaware of the comprehensive services which are available through Head Start. This agency's outstanding record of services in parent involvement, health, education, and social services deserves to be shared with all segments of the community. Unless the opportunities for individualization in Head Start are communicated effectively, numerous advocates of the handicapped will not be cognizant of these potential services, and many children with special needs will be denied the chance to learn and play with normal children.

In order to support Head Start's recruitment efforts, the Chapel Hill Project developed a comprehensive array of coordinated materials which are available on a non-profit basis:

1) The bumper sticker is a 2-color, 3"x11", silkscreened sticker with Head Start logo, and recruitment slogan: "Head Start is for the Handicapped, Too!"

2) The button is 2-color, 2 inches in diameter and has the recruitment slogan: "Head Start is for the Handicapped, Too!"

3) The television spot is a 16mm color film, with sound, fully prepared for use on TV. The last 5 seconds are left blank for local Head Start centers to identify themselves. 60 secs. in length.

4) Similar to #3, but only 30 secs. long.

5) One 35 mm color slide with the Head Start logo and recruitment slogan, "Head Start is for the Handicapped, Too!" The bottom half of the slide is left blank for local program to add their name and call letters.

6) Mimeographed copy that can be sent to radio stations and read live on the air.

7) A fully-prepared tape for radio broadcast (7½ i.p.s.; full-track mono) distributed on 5-inch reels with 3-inch hubs. The tape has both a 30-second and 60-second spot. On both, the last five seconds are left blank for local Head Start centers to identify themselves.

8) The newspaper display ad contains an evocative photograph, topic sentences of services to the handicapped, and identifying space for local Head Start agency.

9) The news release article describes Head Start's services to the handicapped in typical journalistic style.

10) The circular is a one-page (8½ x 11), one-color, both-sides-printed summary of Head Start's services to the handicapped, with photo and illustration, to be used in a mailing campaign.

11) The poster is highlighted by a 3-color illustration. At 12" x 20", with descriptive copy about Head Start's services to the handicapped, the poster is intended to be used in laundromats, town halls, and other public gathering places.

12) Two copies of a direct mail sample letter, to be used in conjunction with the circular (#10) and the slide-tape show (#14) in contacting resource agencies, civic organizations, etc.

13) The doorknob hangers are die-cut so that they can be left on doorknobs in a canvassing effort. They are designed with a space for local agency identification and a "returnable coupon" for interested persons.

14) The slide/tape show is approximately 9 minutes long and describes Head Start's services to the handicapped. It was designed for two audiences: resource agencies and civic organizations.

15) The billboard is a 2-color, 24-sheet poster with the Head Start logo and recruitment slogan, "Head Start is for the Handicapped, Too!"

16) The manual, "Guide to Recruitment," is intended for Head Start personnel in their effort to recruit handicapped children. It describes the rationale, target audiences, strategies (#1 - #15) and evaluation.

During FY 1975-76, the Chapel Hill Project produced and distributed the following non-profit orders of materials to assist Head Start in the recruitment of handicapped children:

908 Manuals

1158 Bumper Stickers

1894 Buttons

32 Sixty-second Public Service Announcements for Television

22 Thirty-second Public Service Announcements for Television

67 3-5 Second Station Identification

63 Audio Tape Spots

316 Newspaper Display Ads

7891 Circulars

1397 Posters

7950 Doorknob Hangers

21 Public Relations Slide-Tape Programs

39 Billboards

In addition to these non-profit orders, the Chapel Hill Project distributed over one thousand (1,000) free packets of recruitment materials which included: bumper sticker, button, circular, and doorknob hanger. These packets were disseminated to participants at the National Head Start Conference on Services to the Handicapped in Houston, Texas and to regional conferees.

A complete set of the recruitment materials were provided at no cost to each of the eight State Training Offices in Region IV and to the regional and national Offices of Child Development.

Training in the use of the recruitment packets was extended to regional and national audiences.

2. Technical Report for The Learning Accomplishment Profile - Diagnostic Edition

In accordance with the Standards for Educational and Psychological Tests of the American Psychological Association, the Chapel Hill Training-Outreach Project has completed a Technical Report for the Learning Accomplishment Profile Diagnostic Edition, published by the Kaplan School Supply Corporation.

The Technical Report includes a comprehensive analysis and reporting of data collected to date on the LAP-D. Among topics discussed are the test-retest reliability of the instrument; the results of item analyses; the factorial composition of the test; canonical correlations of race, sex, and age factors with performance; correlations of socio-economic status (using as SES index of income, education, and occupational status of parents) with performance; measures of internal consistency for the instrument; and relevant explanations of statistical techniques employed in the analyses of data.

In addition to technical information related to the LAP-D, several nontechnical issues are discussed in order to allow potential users of the test to make reasonable decisions regarding the appropriateness of the instrument in particular situations. Among these issues are the use of standardized tests with disadvantaged populations; the ethical uses of test results; communicating test results to parents and teachers; the philosophical and educational foundations of the task-analysis model of diagnostic-prescriptive education; and the use of locally constructed norms, using various measures of central tendency, for making inter-individual comparisons.

The final section of the Report details the procedures for administering the LAP-D, the scales and sub-scales of the Final Form of the LAP-D (the anticipated revision based on current research), and the developmental ages usually associated with each of the behaviors included in the sub-scales.

It is hoped that the Technical Report will make a modest, but positive contribution to the education of young children, and that it will provide the public with the information it needs in making necessary educational decisions based on the results of LAP-D evaluations.

3. Integration of Head Start Components

The local program's commitment to increased recruitment, service to families, professional diagnoses, prescriptive services, and mobilization of community resources have impacted all areas of the Head Start program. The Chapel Hill Project developed training materials to promote

effective intra-staff coordination in the provision of comprehensive services to the handicapped and their families. (See Integration of Components, page 48 .)

Elements of the training package include:

-- rationale for component integration
-- clarification of job positions
-- role clarification regarding intrastaff coordination
-- role conflict, role overlap, role ambiguity
-- specific techniques for establishing and maintaining consistent staff communications and interactions
-- suggested approaches for achieving a coordinated, team approach in service delivery

The training format requires program staff to identify, discuss and plan individual approaches to role clarification and strategies for integration. Discussions require participation in a non-evaluative, explanatory, and analytical vein by each coordinator as his job is examined in many dimensions.

The complete training package includes two slide/tape presentations and a materials manual. The media presentations are:

Part I -- Integration of Head Start Components gives a rationale for coordination and steps to improve teamwork.

Part II -- Roles and Responsibilities of Head Start Coordinators highlights roles of coordinators and director with emphasis on those areas of job performance where integration can easily occur.

The manual is a compilation of narrative content and training activities designed in a format to be used by program staff during staff meetings or in-service training sessions.

The Integration of Components will continue as a major focus of training across Region IV during FY 76-77.

3. Utilization of Resources

In preparation for the Region IV Collaboration '76 conference in Atlanta on May 26-28, 1976, the staff of the Chapel Hill Project developed the following media presentations which will be revised for regional dissemination in FY 1976-77:

Love Your Resource Neighbor -- a three-screen slide/tape presentation on the rationale, targets, and benefits of inter-agency collaboration.

Involvement of the Student Intern in Head Start -- a slide/tape program which presents the elements of

student involvement which can enhance Head Start's program of individualized services to all children.

In addition to these multi-media programs which were produced by the Chapel Hill staff, support services in media development were provided to the following presenters at the Collaboration '76 conference in Atlanta:

* North Carolina Head Start State Training Office in the presentation of the state-wide screening program.

* Kentucky Head Start State Training Office in sharing with conferees the development and benefits of a state advisory board on services to the handicapped.

* Audubon Kentucky Head Start in the presentation of a local model of collaboration with community resources to optimize services to the handicapped.

4. Working With Families - Revised Edition

The Chapel Hill Project's commitment to individualized involvement of families has generated numerous training materials which have received an enthusiastic response from Head Start personnel. In FY 75-76 the Chapel Hill Family Involvement Coordinators revised the popular first edition of the project manual, Working With Families, with the addition of supplementary materials to assist in the implementation of comprehensive services to families of handicapped children.

B. TRAINING

1. Training of North Carolina Head Start Personnel

The Chapel Hill Project provided a 60-hour course training in The Education of the Young Handicapped Child to 63 professional and paraprofessional Head Start personnel in Yadkin, Stokes, Davie and Surrey counties. Course participants received training on prescriptive teaching emphasizing the following components: evaluation; intervention and instructional methodology; curriculum development; family involvement; and materials utilization and development.

The training covered the following areas:

1) Use of LAP
2) Assessment
3) Room Organization
4) Scheduling

5) Curriculum
   - Gross Motor
   - Fine Motor
   - Self-Help
   - Social Skills
   - Language
   - Art, Music
   - Cognitive
6) Behavior Modification
7) Behavioral Objectives
8) Task Analysis
9) Error-Free Learning

One hundred and three complete sets of Outreach materials were distributed free of charge to participants. This set included the LAP, LAP Manual, Planning Guide, Working With Families, and Here I Am, Teach Me. Additional Outreach materials were distributed to participants as needed. These materials included: Smithfield LAP Revision, Informal Evaluation Checklist, LAP, LAP-D Manual, Planning Guide, Here I Am, Teach Me and Integration of Components.

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In order to continue to promote career development of personnel in Head Start, the Chapel Hill Project, in collaboration with North Carolina Central University and Mitchell Community College, provided course credit to 37 teachers in Stokes, Surrey, Yadkin and Davie counties. Three administrators also received credit.

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Head Start personnel in Wake-Raleigh received 42 hours of course training plus 90 hours of on-site follow-up training and consultation for a total of 30 personnel. Head Start personnel in Durham received 60 hours of training plus 200 hours of on-site follow-up training and consultation to 65 personnel.

Four Durham Head Start teachers and one Wake-Raleigh teacher received intensive training in curriculum development and behavior modification. Outreach personnel helped the Head Start teachers prepare slide presentations and demonstrations which were presented at a quarterly Training and Technical Assistance Providers conference in Atlanta.

Three Durham Head Start teachers and one Wake-Raleigh Head Start teacher presented a workshop on curriculum development and behavior modification at the Region IV Collaboration Conference in Atlanta, Georgia.

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Forty Head Start teachers in Durham and Wake counties received training on the use of the LAP-D. Four Durham teachers and eight Wake-Raleigh teachers received intensive training and are qualified to use the LAP-D for assessment.

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North Carolina Head Start Directors from eleven counties received training in developing and implementing prescriptive learning programs for handicapped Head Start children. The material emphasized use of the LAP as a prescriptive teaching tool. Areas represented included:

County or City	Training Hours
Buncombe	7
Orange	6
Davie	60
Durham	60
Edenton	7
Chatham	6
Wake	24
Surrey	60
Stokes	60
Randolph	12
Yadkin	60
Wake-Region IV Conf.	12

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One day of training was provided to Head Start personnel from Eastern North Carolina at Edenton. Fifty-five participants received 6½ hours of training. Handouts distributed included 55 LAPs, 10 Planning Guides, 55 Smithfield LAPs, 55 sets of Prescriptive Teaching handouts, one set of recruitment materials.

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Two days of training were provided to Head Start personnel from Western North Carolina at Magie Valley. One hundred and ten participants received 12 hours of training. Handouts distributed included 60 LAPs, 60 VIC booklets, 110 sets of Prescriptive Teaching handouts, 90 Here I Am, Teach Me booklets, 10 sets of recruitment materials.

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Two days of training were provided to Head Start personnel in Thomasville, North Carolina. Ten participants received 12 hours of training. Handouts distributed included 10 LAPs, 10 sets of Prescriptive learning materials.

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Two days of training were provided to Head Start personnel from throughout the state of North Carolina at Chapel Hill. Administration of the Diagnostic LAP was presented to 24 participants who received 12 hours of competency-based training on the use of LAP-D.

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In order to increase the number of handicapped children enrolled in North Carolina Head Start programs, training and consultation in effective recruitment procedures were provided to the Durham, Wake-Raleigh and Yadkin Valley Head Start personnel. Recruitment materials including recruitment manual, slide/tape show, poster, bumper sticker, button and billboards were distributed throughout North Carolina.

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Through training and consultation, the Chapel Hill Project facilitated the increase of the development and utilization of community resources in serving handicapped children in Head Start. The Durham Head Start program enrolled 49 (17%) documented handicapped children. Wake-Raleigh Head Start program enrolled 48 (15%) documented handicapped children and Yadkin Valley enrolled 37 (9%) documented handicapped children. Since Yadkin Valley Head Start serves a rural area, documentation was very difficult. Yadkinville personnel did pursue a very active recruitment program in spite of the fact that one black recruiter was shot at while visiting a white farm.

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The Chapel Hill Project served as a liaison in identifying and mobilizing local resources. Ninety-five North Carolina Head Start personnel visited and observed the services to the handicapped at six local agencies. Thirty Head Start teachers participated in classroom activities with severely handicapped children. The following University students were recruited to work in Head Start classrooms:

Duke University
6 undergraduate students

University of North Carolina
8 undergraduate education students
4 graduate special education students

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In an attempt to increase the effectiveness of all Head Start component staff, one day of integration of component training was provided to the Greene Lampe Cluster at Kinston, North Carolina. This included representatives from Cumberland Co., Green Lampe, and Simpson Co. Head Start. Seventeen participants received six hours of training. Integration of Components Manuals were distributed to the trainees. Following the training, participating programs met with agencies to set local goals for improving the coordination of components.

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One day of integration of component training was provided to the Raleigh Head Start staff. Thirty participants received five hours of training.

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In order to be certified to administer the LAP-D, intensive individualized training is necessary. This training was offered to interested Head Start personnel at the following workshops held in Chapel Hill:

Date	Number of Participants	Number of Trainers	Number Certified
3/15, 3/16/76	26	2	21
5/18, 5/19/76	25	3	23
5/21, 5/22/76	14	2	14

2. Training Course for South Carolina Head Start Personnel

Twenty-five staff members from South Carolina Head Start programs completed the Chapel Hill Project's 60-hour course, Education of the Young Handicapped Child, in Cheraw, South Carolina. Areas of training included: Assessment; Establishment of Behavioral Objectives; Error-Free Learning Techniques; Task Analysis; Behavior Management; Classroom Organization and Scheduling; Curriculum Development; Family Involvement; and Commercial and Teacher-Made Materials.

3. Regional Workshops

A two-day regional conference in Chapel Hill provided training to Region IV State and Specially-Funded Outreach Coordinators on the implementation of FY 1975-76 goals in services to the handicapped.

Chapel Hill Project staff provided training to the following Specially-Funded Clusters in FY 1975-76:

Knoxville, Tennessee
Greenville, South Carolina
Jackson, Mississippi
Birmingham, Alabama
Columbia, South Carolina
Rock Hill, South Carolina
Cleveland, Tennessee
Gadsden, Alabama
Owensboro, Kentucky
Mobile, Alabama
Tallahassee, Florida
Boca Raton, Florida
Columbia, Mississippi
Kenston, North Carolina
Myrtle Beach, South Carolina
Fort Lauderdale, Florida
Culman, Alabama
Chattanooga, Tennessee

4. State Head Start Conferences

Chapel Hill Project staff provided training at the following state-wide Head Start conferences:

North Carolina
South Carolina
Georgia
Florida
Kentucky
Tennessee
Mississippi

5. Consultation to Regional Community Representatives

In January, 1976, Region IV Office of Child Development staff and Community Representatives (C.R.'s) were provided two days of consultation on regional goals and materials for serving the handicapped.

6. Presentations to Head Start and Potential Targets of Collaboration

Chapel Hill Project staff made presentations to Head Start personnel and potential resources for collaboration in the following locations:

North Carolina Day Care Association
Wilmington, North Carolina
South Carolina Association for Children Under Six
Greenville, South Carolina
Mississippi Head Start Association
Jackson, Mississippi
North Carolina ACLD
Raleigh, North Carolina
Association of Directors of Developmental Disabilities
Raleigh, North Carolina
Region IV State Directors of Human Development
Quail Roost, North Carolina
International Conference of the Council for Exceptional Children
Chicago, Illinois
BEH First Chance Director's Conference
Arlington, Virginia
Florida Title VI-B Early Childhood Programs for the Handicapped
Tallahassee, Florida
Region VIII Head Start
Denver, Colorado
Mississippi School for the Blind
Jackson, Mississippi
University of Tennessee Regional Conference on Assessment
Knoxville, Tennessee
National Head Start Conference
Houston, Texas
Kentucky Title VI-B Early Childhood Programs for the Handicapped
Louisville, Kentucky
National Office of Child Development
Washington, D.C.
Region V Conference on Early Childhood Education for the Handicapped
University of Illinois
New Hampshire Early Childhood Conference on Education for the Handicapped
Crotched Mt., N.H.
Southeastern Conference on Association for Children with Learning Disabilities
Gatlinburg, Tennessee
Region I Conference on Early Childhood Education for the Handicapped
Portland, Maine

C. REGIONAL CONFERENCE - COLLABORATION '76

Over six hundred Region IV representatives from Head Start programs, the Office of Child Development staff, and collaborating agencies from the eight-state area participated in the region's third annual resource conference, Collaboration '76. The May 26-28, 1976 Atlanta meeting was sponsored by the Chapel Hill Training-Outreach Project and the Region IV Office of Child Development.

At Collaboration '76 Head Start, federal, state, and university personnel viewed replicable models of collaborative service delivery now existing in Region IV Head Start. National and regional leaders presented the "state of the art" in serving young handicapped children. Dr. John Meier, Director, OCD, Washington, emphasized that a coordinated sharing of ideas and financial resources among federal agencies and Head Start was a necessity for quality service to the preschool handicapped.

A three-screen multi-media presentation on collaboration emphasized the benefits gained from investments in collaborative service delivery by agencies serving handicapped children and families.

Dr. K. Eileen Allen, President, Early Childhood Division, Council for Exceptional Children, delivered the conference keynote address. Dr. Allen, author of The Integrated Preschool: Handicapped and Non-Handicapped Children Learning, offered inspirational remarks to the audience on serving the handicapped child's needs through all available resources.

Mini-sessions provided conference participants with information, materials, and models of collaborative service delivery including: presentations on educational tools and methods; screening efforts for children in Head Start; working with families of handicapped children; and local and state resource utilization.

More than fifty exhibitors displayed materials and shared ideas with participants during the three-day conference. The exhibits included federal agencies, projects, volunteer associations and commercial distributors.

A festival of film, filmstrips, slide/tape, and videotapes secured from commercial distributors, Head Start programs, BEH projects, and state agencies provided screenings to assist personnel in selection of quality media for training and information use.

L. Bryant Tudor, Assistant Regional Director, Office of Human Development, strongly encouraged Collaboration '76 participants to establish a priority in efforts to explore ways to share expertise and resources among tax-supported projects. Federal collaboration eliminates

overlap of services and minimizes duplication of funding and efforts. Mr. Tudor presented special service awards to Dr. Pam Coughlin, Director of Special Projects, OCD, Washington, and Ms. Jane DeWeerd, Coordinator, Program Development Branch, BEH, Washington for their continuous efforts and dedication during the past years to Head Start's endeavor of mainstreaming the handicapped child.

D. COORDINATION OF REGIONAL NETWORK

In FY 1975-76 the Chapel Hill Project staff maintained its funded role as liaison between the Region IV Office of Child Development and members of the eight-state system of services to the handicapped in Head Start.

Consultation and guidance in the implementation of regional goals were provided to State Coordinators of Services to the Handicapped in each State Training Office.

Chapel Hill staff shared training and resource materials in the Region IV quarterly meetings of Training and Technical Assistance Providers.

A two-day conference for Region IV Community Representatives (CRs) and Office of Child Development staff provided a forum for assessment of network progress and development of administrative support systems.

Regular consultation with the OCD Region IV Coordinator of Services to the Handicapped, Mr. Jim Shelton, enhanced collaborative planning and implementation of network goals.

Chapel Hill Project participation in state Head Start conferences facilitated communication of network strategies and resources to state and local administrators.

A two-day conference in Chapel Hill for Specially-Funded and State Coordinators provided assistance in the planning and implementation of state and cluster activities.

On-site training to local and cluster Head Start personnel assisted direct-service staff in acquiring skills for services to the handicapped Head Start population.

Coordination of a region-wide conference of Head Start and collaborating agencies stimulated identification and mobilization of additional resources for use in individualized services to children.

E. SUB-CONTRACTING OF REGIONAL SERVICES

In order to draw upon the unique resources of Region IV BEH First Chance Network Programs, the Chapel Hill Project served as a channel for sub-contracted screening and treatment services to Head Start children with special needs.

F. REPORT ON REGIONAL HEAD START SERVICES TO THE HANDICAPPED

Five hundred cost-free copies of the 1975 Chapel Hill Study of the Impact of Mainstreaming Handicapped Children in Region IV Head Start were distributed to regional and national Head Start personnel.

The 1976 Chapel Hill Study of Region IV Head Start Services to the Handicapped reflects the responses of 209 of the region's 220 Head Start programs. Free copies of this report will be made available to all members of the Region IV system of services to the handicapped.

The Human Perspective

VII. THE HUMAN PERSPECTIVE

Although this 1976 report of regional services has focused on the quantitative ingredients of an eight-state delivery system, the data necessary for documentation frequently fail to communicate the human perspective of adults and children whose lives have been affected by Head Start's services to the handicapped.

This section includes selected excerpts which represent a few of the many exciting, innovative, and inspirational narratives which were reported from programs across Region IV. These descriptive testimonails serve as lasting evidence of the dedicated effort by Head Start personnel to serve the handicapped child and the family.

A. DIRECT SERVICES TO CHILDREN

TRI-COUNTY COMMUNITY COUNCIL
BONIFAY, FLORIDA

Classroom assessments by the Health and Handicap Coordinators revealed a child with speech and language problems. Interpretative visits in the home by Head Start staff led to procurement of services from the Washington County Health Department and Easter Seal Foundation. Transportation to therapy sessions has been provided by the Handicap Coordinator. Through Head Start collaboration with community agencies and intensive family involvement, this child is receiving optimal services in an integrated setting.

MACON PROGRAM FOR PROGRESS
FRANKLIN, NORTH CAROLINA

The following is an edited excerpt from a letter to the Director of the Macon Program for Progress, Franklin, North Carolina from the State Department of Public Instruction regarding collaborative services to a blind child in Head Start.

"It was good to meet with you and discuss the Head Start Program in Highlands and, more particularly, the program for S. Our observation visit to the center was most beneficial and, I hope, will provide additional direction in the education program for this child.

We all recognize the fact that S is an exceptionally bright blind child. We feel that she is capable of moving into the public kindergarten in September. We have suggested that the kindergarten teacher visit the Head Start classroom to observe S. This shared observation should provide a smooth transition for the child.

I am sure S's parents are very grateful for the fine work given by the Head Start program. I do not know of another Head Start program that has had a totally blind child as an active class member, nor do I know of a program that has so willingly accepted a child with this impairment."

CHAMBERS - TALLAPOOSA HEAD START
DADEVILLE, ALABAMA

A hearing-impaired youngster and a deaf-blind child who are enrolled in our program are receiving special services from local resource agencies. Our staff is working along with the Pension and Securities Division to obtain enrollment for the deaf-blind child in Talladega School for the Deaf. A prerequisite for enrollment is that the child be toilet trained. The Head Start teacher and volunteer are assisting in this training which provides follow-up in the home.

The hearing-impaired child is receiving services from the State Cripple Children's Center. Head Start teachers are learning sign language in order to communicate with him in the classroom. The staff is collaborating with the resource agency to obtain enrolment in the Talladega School for the Deaf.

WESTERN CAROLINA COMMUNITY ACTION
HENDERSONVILLE, NORTH CAROLINA

A mother called Head Start to enroll her son who had been diagnosed as mentally handicapped by a center in Denver, Colorado. The Early Intervention group at a local mental health center observed the boy and arranged for testing by their consulting psychologist, pediatric neurologist, and occupational therapist. These people are planning an individualized program of learning in Head Start through the summer with a shift into a full day program to prepare the child for future placement in public school. Systematic communication is maintained with the school system. Many local resources have assisted this family. Public Health has provided family planning consultation for the mother, and the Department of Social Services has assisted with economic needs.

CAROLINA CAA
ROCK HILL, SOUTH CAROLINA

The CAA Head Start Program's largest collaborative effort has been with the Winthrop College Human Development Center. As a result of the strong rapport with this resource, our children are referred to them without any difficulty. They receive complete physicals as well as thorough evaluations in many problem areas. The Center also provides follow-up treatment and parent involvement during the time the child is in Head Start. This cooperative arrangement has had reciprocal benefits for both agencies. In addition, a contract with the Human Development Center insures financial assistance to students who provide training, consultation, and individualized diagnostic services.

MADISON-BUNCOMBE
ASHEVILLE, NORTH CAROLINA

The Opportunity Corporation of Madison-Buncombe Counties has collaborated with the Buncombe County School System in order to establish a classroom of children who were chronologically eligible for public school services (kindergarten or first grade), but because of

developmental delays were unable to function adequately in a regular classroom. The children were taken from the Head Start Program and other agencies within the county and placed in a separate class of 7-9 children. The ultimate goal for these children is placement in the regular classroom in the public school system; therefore, we have called our class, "The Transition Class," a temporary placement for children until they are able to function normally in a regular classroom.

The county schools provide the teacher aide, transportation for the children, psychological testing and speech therapy on a weekly basis. Head Start supplies the teacher, room, equipment, meals and regular Head Start supportive services. In addition, the Developmental Evaluation Clinic, a community speech and hearing center, and TEACCH provide therapy, consultation, and prescriptive programming. All of these children have shown remarkable progress and will be mainstreamed into the regular classroom where they were earlier unable to function. The county school system is incorporating the Transition Class into their regular program of services for exceptional children.

Also, the Opportunity Corporation has a home-based teaching program for handicapped children 0-3 years of age. We have one teacher serving 9 children whose handicapping conditions consist of: spina bifida, deafness (3 deaf children), language delay, cerebral palsy and a brain tumor. The teacher serves primarily as a liaison between local agencies, Head Start, and the parents. Her role is to transport the children to the special services they need (including regular Head Start supportive services), and to see to it that the parents carry out prescriptive programs. In addition, the teacher has a weekly lesson with each child where she implements an individualized program designed for each child by the special services. The teacher remains with the children during therapy visits in order to determine the role she and the parents must assume in working with the children.

Due to a lack of transportation and/or parent follow-up, special needs for these 9 children had gone unattended prior to Head Start's involvement.

BLUE GRASS AREA EOC
LAWRENCEBURG, KENTUCKY

Billy (not real name) was one of the brightest, most active youngsters enrolled in the Head Start center. Gradually the teacher noticed a lack of participation in playground games, exercises, etc. She discussed this with the social service worker, who in turn made a home visit. The mother said that Billy had been complaining of pain in his legs but she had just figured it was growing pains. She did agree to go with the social service worker to visit a local doctor. A few days later, Billy, his mom, and the worker visited a local physician who thought Billy was complaining for attention and sent them home. After another examination with a similar outcome, the social service aide made an appointment for Billy to visit our local Easter Seals hospital for an examination. A lengthy examination and x-rays disclosed that Billy had a disease of his hip joints causing decay and eventual disintegration of the bone and paralysis. Billy was admitted to the hospital and the physician performed immediate surgery to replace the

joint with a synthetic one. This surgery was done at no cost to the Head Start family. Billy was confined to the hospital for several months. He remained enrolled in Head Start and his teacher visited him several times a week, bringing him activities, as well as pictures and cards the other children has made. She consulted with the hospital staff about Billy's development and Head Start curriculum, and they carried on a similar program so Billy could keep up with the rest of children. Finally, Billy was released from the hospital, outfitted with a brace which separated his legs by an extended bar in between and kept his hips immobile. The first day out of the hospital Billy's immediate desire was to return to the center. Everyone was concerned about his ability to move around the center and his adjustment to the brace. Billy came into the center and somehow got around without any assistance from anyone. He had his crutches and his determination. His attendance was perfect for the remainder of the school year, except for occasional trips back to the hospital fro treatment. And he was the star of the graduation exercises. Now, Billy is in the first grade, no longer wears the brace, and is doing very well.

Billy might be paralyzed now had it not been for our social service worker's undaunted determination, the quick action of the hospital staff, and Billy's own desire to bounce back.

MOUNTAIN VALLEY HEAD START
TAZEWELL, TENNESSEE

In August, 1976, Mr. G. came by the Mountain Valley EOA/Head Start Office in Tazewell, to inquire how his little girl could get in the Head Start Program. The child was deaf, and the unemployed father needed help. The child entered the Head Start Program in Claiborne County and after screening, a referral was made for tests at the University of Tennessee Speech and Hearing Center in Knoxville, Tennessee. The diagnositc report confirmed that the child was deaf. Through the State Speech and Hearing in Knoxville, Tennessee, she was placed in a Verbal-Tonal School in Knoxville, Tennessee where she is progressing beautifully.

Mrs. C. Entered her little girl in the Mountain Valley EOC/Head Start in Claiborne County. The little girl wore special glasses that Mountain Valley EOA/Head Start had bought for her. After several examinations by an optometrist, she was declared blind. Special material was obtained from the Tennessee Library for Blind and Physical Handicapped in Nashville, Tennessee, for the mother to use in the home with her child. Through the efforts of Mountain Valley EOA/Head Start and the Head Start State Training Office in Knoxville, Tennessee, the little girl was taken with her mother for a week to the Tennessee School for the Blind in Donelson, Tennessee. This proved to be a very valuable learning experience for the parent and child. The child is now enrolled in the public school system.

CORDELL HULL ECONOMIC OPPORTUNITY
LAFAYETTE, TENNESSEE

With supplementary funding we have secured the services of a specially-trained person to work on a one-to-one basis with two handicapped children who are enrolled in CHEOC Head Start Program. One child

has cerebral palsy and the other is a Spina Bifida youngster who is also a paraplegic. After establishing close ties with the two families, the children were introduced to a new world totally foreign to them. The children are enrolled in different centers with each child attending two days per week along with the person who supervises and provides their training. The remaining three days per week the children attend a program sponsored by the local board of education. Head Start provides the transportation to these special classes and teacher planning is coordinated with the local board of education. We feel that had we not initiated this service and worked directly with the parents, these two children would never have left their homes for any type of learning experience.

CHEOC Head Start Program participated in the Region IV four-state screening coordinated by Bill Wilkerson Hearing and Speech Center, Nashville. As an outgrowth of this effort we employed a Speech/Hearing/Language Therapist to work in our program. In collaboration with Bill Wilkerson our program became a pilot project whereby a supervisor and three graduate students would come one day per week to work with the teachers and children on speech/language/hearing problems within the classroom. There is one person from Bill Wilkerson in each classroom with all persons arriving prior to the children's arrival. These persons work side by side with the teachers throughout their normal day incorporating language development into all activities. At the end of each day there is a 1½ hour evaluation period when the teachers discuss the day's activities. At the end of this operational year it is hoped these teachers will be prepared to continue with this work on their own and serve as trainers for other center staff.

KENTUCKY YOUTH RESEARCH CENTER
FRANKFORT, KENTUCKY

T's parents felt that their child was a slow learner because he could say only a few words. They also found T to be a behavior problem in the home. Shortly after he was enrolled in the Head Start center, staff also observed that T demanded attention with negative behavior.

The child psychologist from the Comprehensive Care Center provided consultation to the center staff. The agency Health/Social Service Aide has worked with T's parents on use of positive reinforcement and establishment of limits. Both the family and the center staff have seen improvements in this child. He has acquired a larger vocabulary, is being exposed to new experiences, and is being given less reinforcement for negative behavior in both the center and in the home.

Head Start center staff observed that L's left eye turned inwardly, resulting in a "cross-eyed" appearance. In a home visit, the Health/Social Service Aide discussed L's health problems and the family expressed concern over L's vision, and had been "praying over" her. The parents were confused about the type of treatment needed, the lack of funds to pay for treatment, and the fear of medical attention. As a result of these confusions, medical evaluation and treatment had never occurred. The Health/Social Service Aide assisted the family in understanding the need for a medical evaluation, provided transportation to the University of Kentucky Medical Center, and helped to obtain financial support.

L was evaluated at the University of Kentucky Medical Center and was diagnosed as having esotropica of the left eye. Following the evaluation, treatment was begun by having L wear a patch over her right eye. On December 17, 1975, L was fitted with her first pair of glasses. The center staff reports a big change in L's behavior since she has been wearing her glasses. L is attempting new motor experiences, experiencing success, and learning to relate to peers and adults in the center.

CLOVERPORT BOARD OF EDUCATION
CLOVERPORT, KENTUCKY

A four year old child was screened for hearing and passed. However, observation and follow-up by the child's parents and the Center's staff led them to believe that the child had a hearing problem. Consequently, the child was reassessed at the local Health Department and failed her hearing test. Further observation revealed the child had medical, social, and academic problems because of her auditory defect. Swift action in getting the child in the Speech and Hearing Clinic with the Commission for Physically Handicapped Children, Louisville, Kentucky, got her the aid she needed. Without this unique intervention the youngster would have experienced a lengthy delay that might have contributed to further development delay.

The mother of a Head Start child stated that her daughter had frequent "passing out spells." When the child was taken to the doctor for her annual physical, the "passing out spells" were interpreted to the physician. He very abruptly informed us there was no evidence of epilepsy. Four months later the child had several spells which caused sleepy behavior. A visit to a different doctor two months later was inconclusive. He could not tell whether or not she was having seizures, so he referred her to the Seizure Clinic. Through the Commission for Physically Handicapped Children, we obtained an appointment with the Seizure Clinic in Elizabethtown, a neighboring city forty miles away. An electroencephalogram confirmed the diagnosis of epilepsy.

AUDUBON AREA HEAD START
OWENSBORO, KENTUCKY

Through the cooperative efforts of local agencies, including Head Start, a two-day convention focusing on prevention and early intervention was provided to the community - 7 counties. This convention has been a unifying factor among local agencies serving the developmentally disabled and has increased awareness of the Head Start efforts and community support and assistance in providing special services. Over 18 agencies participated and follow-up collaborative meetings are planned. All agencies have expressed a willingness to assist Head Start and utilize resources available from Head Start.

As a result of referrals and assistance from local agencies, two children, one with Spina Bifida and one with Cerebral Palsy, were provided with their first opportunity to participate in a preschool program. Although they are both severely physically handicapped, their adjustment in Head Start is exhibited by their independence and acceptance by the other children and staff. The parents were delighted to find a program where their child was welcomed and would have an opportunity to learn with non-handicapped. One child had previously been refused enrollment in a preschool program.

Many professionals and special education personnel from local agencies have participated in a duplicate of the Head Start training and have also utilized Head Start materials.

One Head Start child who is severely hearing-impaired is attending Head Start part-time and interagency collaboration provides special therapy for this child.

VII. B. COLLABORATIVE EFFORTS WITH RESOURCE AGENCIES

KNOXVILLE HEAD START
KNOXVILLE, TENNESSEE

In cooperation with East Tennessee Children's Rehabilitation Center, we have enrolled children identified and referred by them. In exchange for the services by Head Start, the Rehabilitation Center has provided consultation services. Referrals have been received from the Knoxville City School's Special Education Department which has provided two professionally-trained resource teachers, materials, and consultation to teachers and parents. Furthermore, we have provided a regular Head Start setting for several children enrolled in the UT Pediatric Language Program in order that they may experience healthy social development. In addition, we have enrolled a deaf child, formerly served by the University of Tennessee Verbo-Tonal Program. The teacher reports that the child's development has been quite smooth.

COMMUNITY ACTION FOR IMPROVEMENT, INC.
LA GRANGE, GEORGIA

After contact with the Department of Family and Children's Services, a child was referred to us who had been diagnosed by a child psychiatrist as mentally retarded. He lived alone in a deprived home with his mother. There were no brothers or sisters and he had never been around other children. He began by staying in the Head Start center one hour a day. This has increased gradually to three hours a day. At first he was very belligerent toward the other children and would not participate in any of the group activities. The teacher reports the child has made great progress. He now enjoys his association with the other children who accept him as their friend.

NORTHWEST TENNESSEE ECONOMIC DEVELOPMENT COUNCIL
MC KENZIE, TENNESSEE

Northwest Tennessee Head Start works closely with all community agencies in our 8 county area to ensure that handicapped children and their families receive all available services.

An agency with which we have an outstanding working relationship is the Office of Developmental Disabilities. Our program and this agency have shared cost on several projects. One hydrocephalic child enrolled in our program needed extensive dental surgery. We paid half of the cost and Developmental Disabilities paid the other half. In another case, a child needed a walker. Our program paid half the cost and DD paid the remainder. This agency also bought braces for a child and our program provided transportation for fittings and to pick up the braces. At other times Developmental Disabilities has financed the cost for services or testing and our program had provided transportation.

The reputation of Northwest Tennessee Head Start is that of an agency that is really serving the handicapped child rather than merely paying lip services to a mandate. Therefore, more and more referrals are being made to our program by all community agencies - especially the public school systems.

DELTA HILLS HEAD START
SARDIS, MISSISSIPPI

The Delta Hills Educational Program has entered into contractual agreements for collaborative service delivery with several resource agencies.

(1) Three mental health centers are providing psychological evaluations and follow-up services to Head Start children. (2) A speech and hearing center is providing evaluations and follow-up. (3) Additionally two colleges have entered into an agreement to provide three hours college credit to sixty program teachers in the area of educating the exceptional child.

Resource utilization in Head Start can multiply the services received by children, families, and staff.

GREENVILLE-PICKENS HEAD START
GREENVILLE, SOUTH CAROLINA

To coordinate our efforts with community agencies in serving our handicapped children and to obtain needed services through community agencies, a Professional Community Resources Team was formulated. This team meets regularly with Head Start staff personnel to review progress records of the children and to give necessary guidance as to treatment and documentation of handicapping conditions through community agencies.

Community Agencies represented on the team include:

Greenville Area Mental Health
State Crippled Children's Clinic
Piedmont Skills
School District of Greenville County (Pupil Personnel Svcs.)
Family and Children Services
Greenville Co. Dept. of Social Services
Greenville General Hospital - Ambulatory Peds.

ALLIED COMMUNITY SERVICES
GAINESVILLE, GEORGIA

For the past two years Allied Community Services, Inc. Head Start Program has worked very closely with Alpine Center, a psychoeducational center located in Gainesville, Georgia providing services for severely emotionally disturbed youngsters. Alpine has referred clients to the Head Start program where they are enrolled and benefit from the integrated classroom setting. Four days each week these children are transported to the Alpine Center where they receive professional treatment two hours each day. Alpine Center provides the transportation.

Children who are initially enrolled in the Head Start program and who indicate an emotional disturbance are referred to the Alpine Center for professional diagnosis and treatment. The Head Start handicap program personnel and Alpine Staff hold joint staffings to discuss each child's progress, educational needs and family needs. Social workers from each agency work together to find solutions to family needs as they relate to the child.

The Director of the Clinical Psychology Department at the University of Georgia has placed four graduate students and one post-graduate student in the Bryan Hill Head Start Center at Jefferson, Georgia one day per week. He also provides training for staff members and assists in obtaining professional diagnosis at the University of Georgia for those children with suspected handicaps.

PROGRESS FOR PEOPLE
CLEVELAND, TENNESSEE

Our agency has collaborated with local community agencies in the following ways:

1. Field placement students from area high schools, colleges, vocational schools have received first-hand experience in working with handicapped children in a mainstreamed situation. This has not only been helpful to the students, but has provided an additional person in the classroom to work on a one-to-one basis with children with special needs.

2. Siskin's Operation Crossroads, the major rehabilitation center for handicapped children in the Chattanooga area, has referred children who could benefit from a Head Start experience. The coordination of this effort between the two programs was achieved by:

--phasing the children into the Mobile Resource Classroom one day a week, with gradual integration into the regular classroom;
--frequent consultation and technical assistance by the Siskin staff during the phase-in period;
--follow through of procedures that were successful in working with the child, with an effort to complement rather than duplicate services provided by the two agencies.

COLLIER COUNTY PUBLIC SCHOOLS
NAPLES, FLORIDA

At the present time our Head Start Program collaborates closely with a Title VI-B Early Identification Project in the local Public Schools. The thrust of the Title VI-B Project is to provide identification, evaluation, and prescriptive programming for a pilot group of handicapped children enrolled in the public kindergarten program, with the intent of providing "mainstreaming" experiences for these children.

As these areas of focus closely parallel the efforts of the Head Start Handicap Program a strong working relationship has developed between the two agencies. This collaboration not only provides for mutual benefits in terms of identification, evaluation, programming, and teacher training, but also assists in the transition of the Head Start child into the public school program. A transition which is especially crucial for the handicapped child.

The Title VI-B Project evolved as a result of the Head Start handicap effort. A major objective of the Project is to continue the mainstreaming experience which fosters developmental continuity as the handicapped child moves from Head Start to the public school kindergarten.

COAHOMA OPPORTUNITIES, INC.
CLARKSDALE, MISSISSIPPI

Coahoma Opportunities, Inc.-Early Childhood Development Program has collaborated with Region I Mental Health Center in developing a comprehensive Mental Health Services contract that will provide the following:

I. Psychological Services
   A. Screening
   B. Psychological evaluations, written reports, teacher conferences and parent conferences.

II. Education Services
   A. In-Service and cluster training
      1. Bi-monthly seminars in the areas of but not limited to mental retardation and its detection, cerebral palsy, epilepsy, classroom management, behavior modification and play therapy techniques.

III. Consultation Services
   A. Program consultation and planning to include:
      1. Identification of needs
      2. Setting and clarifying goals
      3. Program to achieve goals
      4. Evaluation of program
   B. Consultation services will include site visits from a coordinator from the Mental Health/Retardation Center to offices and Early Childhood Development centers in Coahoma County.

IV. Referral Services
   A. Proper referrals to other agencies better equipped to deliver services will be made where indicated. A similar comprehensive screening and services program has been developed for speech, hearing and language screening and diagnostic services with our local speech and hearing center.
   B. Collaboration efforts with our local community junior college and one of the state universities have provided us with free training facilities for inservice and cluster training.

INDIAN RIVER ECONOMIC OPPORTUNITIES COUNCIL
VERO BEACH, FLORIDA

Our program has been instrumental in taking physically-handicapped children to the Sunshine Center for therapy. Various staff members, including teachers and aides, handicap coordinator, and parent involvement coordinator., accompany the child's trip for therapy. This provides experiences for coordinating classroom and home activities with therapy services. A similar procedure has been implemented with the Mental Health Clinic. When staff are exposed to treatment centers and therapeutic procedures they become more aware of the child's problems and methods for comprehensive services to the child and family.

LIBERTY COUNTY PRESCHOOL
BRISTOL, FLORIDA

A collaborative arrangement with the Division of Retardation's Sunland Center in Mariana provides for shared resources and training.

Our center serves as a practicum site for the Regional Rehabilitation Center at Florida State University. The students provide two days of therapy and stimulation for our children each week.

ESCAMBIA COUNTY HEAD START
PENSACOLA, FLORIDA

Our Head Start agency has served as a unique source of educational services for clients of other agencies who had no other available options. Specifically, we are now serving two children who were referred by the Association for Retarded Citizens, and one child referred by the Bureau of Blind Services. Neither of these agencies (or Escambia County) had appropriate programs in which to place these children, and they called upon us to meet these special needs. After two years of participation in our programs, these three children have progressed beautifully and will move into newly created special public school programs in the fall of 1976.

A second unique service of our agency is that of serving as door-to-door canvassing agents - and discovering children with handicapping conditions who might never have been identified. Our folks were searching for special needs long before "Child Find" came into being! We're proud of our uniqueness.

FLORENCE COUNTY HEAD START
FLORENCE, SOUTH CAROLINA

In collaboration to implement the handicap effort the Florence County Head Start and other community agencies are providing special services to children who are enrolled in the Head Start program and whose special needs have been identified. This collaboration is being implemented by utilizing a referral, evaluation and treatment system.

The Pee Dee Speech and Hearing Center provides follow through on all referrals of speech and hearing problems noted by the teaching staff and conducts and evaluation. However, many of the findings this year are due to the mass screening done by a pathologist at the speech and hearing center. After an evaluation by a speech pathologist from the Speech and Hearing Center all children who are diagnosed with severe language or articulation problems receive formal speech therapy at the speech and hearing center. Recommendations are made for children needing language stimulation by trained speech technicians. The speech technicians are under the supervision of a speech pathologist at no cost. The speech technicians are Head Start teachers who have received 54 hours of training by a speech pathologist at the Pee Dee Speech and Hearing Center. The 54 hour course encompassed normal speech and language development, assessment and screening of speech and language problems and methodology for developing speech and language stimulation programs. Practical experiences with administering screening evaluations and developing therapy sessions concluded the training.

Through the Pee Dee Mental Health Clinic a mental health professional is providing training and consultations on assessment, diagnosis and goal planning in the area of emotional growth to Head Start staff and parents.

The following procedures are followed:

1. Emotional and behavioral assessments begin at the first of the school year and are followed by quarterly assessments. Individual goals are written by the teachers for all children who at the time of assessment demonstrated negative behaviors.
2. A mid-year workshop on behavior management techniques.
3. Year-end evaluation of each child's progress with special recommendations.

Staffing conferences consisting of Head Start Director, Education Director, Health Coordinator, Social Services Director, Parent Involvement Coordinator, Handicap Coordinator, and Diagnostic Team members are held to determine continuation of future services for children.

Other agencies collaborating with Head Start in its services to children with handicapping conditions are: The Florence County Health Center, Cripple Children's Program, DSS, Vocational Rehabilitation and Commission for the Blind. Full utiliziation of existing resources is underway in this program.

CHARLESTON HEAD START
CHARLESTON, SOUTH CAROLINA

Our agency has collaborated with community agencies in serving handicapped children in the following ways:

1. Personal contact for the purpose of information exchange regarding program goals.
2. On-site visit for observational purposes and future directions.
3. Coordination of activities for delivery of services to identified handicapped children.
4. Contractual agreements were made with the following community agencies to deliver direct services to children on-site, training/consultant to staff:
   a. Esau Jenkins/Sea Isl. Comprehensive Clinics - Language Stimulation Program, on-site.
   b. Berry's School for the Hearing Impaired - District services to children and training/TA to staff, on-site.
   c. Parent Tape Training Outreach Project - Direct services to children and consultant to staff.
   d. Vince Moseley Diagnostic Clinic - Direct services to children, consultant to staff, and coordination of training.
   e. Mental Health Youth Project - Direct services to children (Behavior Modification), training and consultant to staff.

As a result of this collaboration, community agencies are reaching out and providing more services to minority handicapped children, achieving their program goals, and establishing better interagency relations.

COMMUNITY SERVICES
HOLLY SPRINGS, MISSISSIPPI

A contractual agreement has been arranged with the University of Mississippi Center for Communicative Disorders for the use of two graduate level students to work part-time with our agency. The majority of our children have speech and language disorders and the use of these two students has eliminated a great number of the problems encountered in the past such as transportation, time consumed between diagnosis and actual delivery of needed services.

KNOX COUNTY DANTE EARLY CHILDHOOD CENTER
KNOXVILLE, TENNESSEE

In the fall of 1975, a Pilot Bi-Dialectal Program was initiated in Knox County Head Start. The program is set up in three classrooms in three different centers. A control classroom is also being used in each of the three centers. This Pilot Program involves 45% of our speech and language impaired children. This approach to teaching language benefits all children; however, it is especially beneficial to the speech and language imapired child in two basic ways: (1) the child learns the use of standard forms expressed in a complete thought; and (2) it guarantees a small portion of the day devoted to concentrated use of expressive language.

The teachers and aides were taught the basics of implementing a bi-dialectal program during in-service training sessions. They were also required to do some reading on their own time.

The speech clinician has been responsible for preparing lesson plans and materials for the teachers. She has also been responsible for demonstrating lesson plans and providing on-site training of teachers and aides.

There is evidence in the classroom and in the language of individual children that an awareness of "school talk" and "everyday talk" is being developed.

DOUGLAS CHEROKEE HEAD START
ALCOA, TENNESSEE

Unique collaborative endeavors have included:
1. A contract for a graduate language habilitation specialist under licensed supervision to work 20 hours per week (twice weekly at each site) with small groups of children. Each Head Start teacher participates in therapy at least once a week.
2. Cluster handicap funds permit the specialist to work in Monroe County at the two centers on a training and consulting basis to provide Speech Improvement Program for all children enrolled in Head Start. Eight sessions were budgeted for observation, training, follow-up and evaluation.

A collaborative effort at Douglas Cherokee Head Start established satellite services for four rural counties twice weekly, four hours each day. A speech pathologist provided by East Tennessee Children's Rehabilitation Center provided speech and language habilitation. Head Start Social Service Aides are trained to provide sensory-motor integration therapy. Head Start provides supplies and equipment, transportation and aides. The local high school shop class constructed

most of the equipment. The University of Tennessee has placed graduate students for clinical experience in the Head Start program.

BELL-WHITLEY COMMUNITY ACTION AGENCY
PINEVILLE, KENTUCKY

(1) We arranged for Eastern Kentucky University Comprehensive Care and Head Start personnel to screen children enrolled in the public school kindergarten.

(2) Special Needs Coordinator worked with local Kiwannis Club on "The Younger Years" project.

(3) Special Needs Coordinator provided training and consultation to local KIPP program.

(4) Special Needs Coordinator field tested Hammill-Newcomer Language Test with Head Start children.

(5) In conjunction with Union College, Special Needs Coordinator prepared guidebook for diagnosing learning disabilities for use in the public schools.

MOBILE AREA COMMUNITY ACTION COMMITTEE HEAD START
MOBILE, ALABAMA

The most important feature of the MACAC/Head Start program for children with handicapping conditions is the Consortium which is a group of individuals drawn from community agencies serving handicapped individuals. Initially this group came together in the spring of 1972 to write the proposal for the specially-funded program for the handicapped.

Through the years the members of the Consortium have continued their commitment to: (1) provide consultation and training; and (2) serve as advocates for securing services for MACAC Head Start children with special needs.

Another outgrowth of MACAC/Head Start's excellent community relations has been the use of the SERTOMA Speech and Hearing Screening Van. This van brings a complete speech and hearing screening staff with instruments to the centers to test the children. These services can be provided at a fraction of the cost of diagnostic workups done at a clinic.

In summary, the uniqueness of the MACAC/Head Start program for children with handicapping conditions is not so much in the <u>services</u> provided to the children - by the <u>methods used</u> to establish those services. The services provided are the best the community has to offer and MACAC/Head Start uses them to build its program.

GUILFORD COUNTY
GREENSBORO, NORTH CAROLINA

Our agency concentrates its collaborative energies on assisting with provision of services to <u>all</u> children, including handicapped. In this effort we are:

1. Coordinating efforts with University of North Carolina-Greensboro Speech and Hearing Clinic to provide some funds for graduate students, to provide field and lab experiences for all students, to receive screening, diagnosis and treatment in the areas of speech, language, and hearing.

2. Coordinating efforts with the Sociology Department at University of North Carolina-Greensboro and the Planning Department of Guilford County to assess needs and interpret data, to plan for programs, including special needs, and to coordinate common services.
3. Providing through an agreement with the Mental Health Center, a pilot model for outreach services to preschool programs with emphasis on children with special needs.
4. Acting as a catalyst agency to bring together all community agencies in a concerted effort to assist the North Carolina State pre-kindergarten screening effort.

CHESTERFIELD-MARLBORO
CHERAW, SOUTH CAROLINA

We have identified handicapped children who will be mainstreamed into the public school system. Also, a child in our program has been professionally diagnosed and his learning problems identified prior to the public schools' acceptance of him. This child was seven years old, but his referring agency wanted him in a day care center because of his developmental age. We had this child evaluated, screened, and a curriculum planned for him. When he was accepted by the public schools, he adapted extremely well to an integrated classroom with non-handicapped children.

Goals for the Future

VIII. GOALS FOR THE FUTURE

The Chapel Hill Project has received FY 1976-77 funding to continue its role as a liaison between the Region IV Office of Child Development and regional T&TA providers. Through the provision of training, seminars, conferences, materials and media development, and consultation, the Chapel Hill Project will serve as a primary resource for implementing regional goals in services to handicapped Head Start children.

In order to respond to the evolving goals established by the National and Region IV Offices of Child Development, a unified system of communication and service delivery has been established through the Chapel Hill Training-Outreach Project. Nevertheless, each state represents varying levels of size, professional expertise, community resources, and administrative organization. While some states have established sophisticated systems of service delivery to handicapped children and their families, other states are struggling to meet even minimal regional objectives. As each State Training Office contemplates the administrative move from grants to contracts, these offices possibly may change locations and be faced with orientation of new personnel who have been hired to continue the regional plan for services to the handicapped.

The informative data provided by Region IV Head Start personnel constitute a significant foundation for meaningful goal structure in FY 1976-77. From the reports of services, problems, accomplishments, needs, and attitudes, a documented basis for decision-making has emerged. The extensive feedback from all levels of the Region IV Network has impacted the generation of the following goals for FY 1976-77:

1. GOAL: TO INCREASE THE SKILLS OF REGION IV OFFICE OF CHILD DEVELOPMENT T&TA PROVIDERS IN PLANNING, TRAINING, AND COORDINATION OF SERVICES FOR HANDICAPPED HEAD START CHILDREN.

   a. The Chapel Hill Project will plan, provide, and evaluate a two and one-half (2½) day orientation conference for new STO Handicap Coordinators, new Local Coordinators, and other T&TA providers. This orientation will include information and materials on: network organization, roles and responsibilities of handicap coordinators, integration of Head Start components, recruitment, diagnosis, assessment, individualization, teaching methodology, behavior modification, materials development, curriculum, family involvement, and evaluation.
   Note: Numerous local programs have utilized the handicap financial supplement to hire local coordinators of services to the handicapped. These personnel have requested orientation and training from the Chapel Hill Project.

b. The Chapel Hill Project will coordinate the preparation and dissemination of training materials through field-testing sessions with Region IV Office of Child Development staff.

c. Chapel Hill Project staff will continue to provide individual consultation to State Coordinators. Special emphasis will be placed on orientation to new State Coordinators. When possible, these sessions will include input from the Region IV OCD Coordinator of Services to the Handicapped and other Regional OCD office staff.

d. Chapel Hill Project staff will be responsible for program participation in the Region IV Quarterly T&TA meetings. This involvement will include: a written update of regional services to the handicapped; dissemination of new materials; sharing of unique services to the handicapped by agencies throughout Region IV; and information disseminated by the national Office of Child Development.

e. Chapel Hill Project staff will provide training on services to the handicapped in each of the eight Region IV states. This training will be coordinated with each state's Head Start Association Conference in cooperation with each State Coordinator and the Region IV OCD Coordinator of Services to the Handicapped.

2. GOAL: TO PROVIDE CONSULTATION TO ATLANTA REGION IV OFFICE OF CHILD DEVELOPMENT PERSONNEL IN PLANNING, IMPLEMENTING, AND EVALUATING SERVICES TO HANDICAPPED HEAD START CHILDREN AND THEIR FAMILIES.

Consultation and communication of current services to the handicapped will be provided to Region IV Community Representatives (CR's) and regional OCD office staff. These sessions will also provide an opportunity for CR's to discuss problems in the regional network, to express their perspectives of regional needs, and to make recommendations for improvement of regional services.

3. GOAL: TO RESPOND TO ESTABLISHED PRIORITIES OF THE NATIONAL AND REGIONAL OFFICES OF CHILD DEVELOPMENT WITH COORDINATED IMPLEMENTATION OF REGIONAL GOALS IN SERVICES TO THE HANDICAPPED IN HEAD START.

The Chapel Hill Project will continue to serve as a channel of dissemination of information and materials through distribution of a quarterly resource packet. Contents of the packet will include: news of accomplishments by Head Start agencies throughout the network; availability of resources and materials; status of progress in meeting regional goals; and communication from the Office of Child Development on services to the handicapped.

4. GOAL: TO IDENTIFY, DEVELOP, AND DISSEMINATE MATERIALS AND MULTI-MEDIA TRAINING PACKAGES.

   a. The Chapel Hill Project will develop a manual and cassette-slide presentation for use by Head Start personnel on the "utilization of resources" in each of the following areas:

      (1) Developing a State Advisory Board
      (2) Collaboration on the Local Level
      (3) Collaboration on the State Level
      (4) Developing a State-Wide Screening Program

   b. In response to concerns expressed by Head Start personnel who have become advocates of handicapped children, the Chapel Hill Project will develop a manual and slide-cassette presentation on "The Legal Rights of Handicapped Children."

   c. Since the eight states in Region IV represent a variety of legal positions and levels of progress in rights to education, the Chapel Hill Project will develop a manual for use in training Head Start personnel on "Region IV State Laws for Public School Services to the Handicapped."

   d. As Head Start seeks the enrollment of handicapped children in public school programs, there has been an expressed need for training to expedite this process. The Chapel Hill Project will develop a manual and slide-cassette presentation for use in training on "Guidance in Follow-Through From Head Start to Public School Services for the Handicapped."

   e. With the current emphasis on the "training to train" approach, numerous members of the Region IV network have expressed a need for assistance in utilizing effective media productions in communicating their training messages. In response to these requests, the Chapel Hill Project will develop and provide a workshop and manual on "Guidance in the Development and Use of Media Materials and Equipment."
      Note: Each of the eight State Training Offices and the Region IV Office of Child Development will receive a cost-free copy of each of the five training packages.

5. GOAL: TO PROVIDE NECESSARY PERSONNEL, FACILITIES, AND MATERIALS TO DESIGN, COLLECT, COMPILE AND ANALYZE DATA THAT WILL EVALUATE REGION IV'S SERVICES TO THE HANDICAPPED.

In order to alleviate the heavy load of paper work carried by the local grantee, the Chapel Hill Project will coordinate regional data collection with the National Office of Child Development Management Information System (MIS).

Retrieval and analysis of data received from MIS will form the basis of a written report on Region IV Services to the Handicapped in Head Start.

6. GOAL: TO IDENTIFY AND MOBILIZE STATE AND LOCAL RESOURCES FOR SERVICES TO HANDICAPPED HEAD START CHILDREN.

It is now evident that multiple resources for improving Head Start services to the handicapped do exist. Support has been pledged by a variety of disciplines and organizations, but the need to access and effectively utilize these resources must be emphasized in regional planning.

In an effort to improve Head Start's capacity to identify and mobilize local and state resources, the National Office of Child Development has funded a group of Resource Access Projects (RAP's) to serve Head Start grantees within a contiguous geographic area. Three RAP's have been selected by the National OCD for services to Region IV grantees. These Resource Access Projects will coordinate their efforts with the existing regional system of services to the handicapped.

In a memorandum disseminated to all Head Start grantees, Mr. John L. Jordan, Director of the Region IV Office of Child Development, reiterated the necessity for coordination with the present eight-state network:

> "The establishment of these RAP's to increase the local Head Start program's utilization of community and state resources warrants the full support and cooperation of each local Head Start program. Because of the limited amount of funds to support the RAP system, it will be necessary that the three RAPs located in this region work through the Specially-Funded Handicap Network and the Coordinator for Handicap Services in each State Training Office. It is expected that each Head Start grantee will give their complete support to this effort which will benefit Head Start children and their families."
>
> -John L. Jordan

The goals of each Resource Access Project (RAP) will be to:

(a) Assess the strengths of local and regional resources for Head Start.
(b) Determine the needs of Head Start grantees in serving the handicapped and match these needs with available resources.
(c) Coordinate the delivery of services and materials to Head Start grantees.
(d) Evaluate existing resources; clarify and prioritize needs of grants and requests for services; and evaluate responses of specified needs.

The Chapel Hill Training-Outreach Project has been funded to serve as the Resource Access Project (RAP) for the 131 grantees in the states of North Carolina, South Carolina, Georgia, and Florida. All RAP activities will be fully-coordinated with the Region IV Office of Child Development and Network of Services to the Handicapped.

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The 1976 survey included an assessment of the local program's projected needs for services by the Chapel Hill Project. The prioritized ranking of needs expressed by the Region IV agencies is indicated in the following table:

PRIORITIZED RANKING OF NEEDS FOR SERVICES BY THE CHAPEL HILL PROJECT

Rank Order	Mean	Need
1	4.51	Development of multi-media training packages
2	4.42	Provision of training
3	3.71	Design, implementation and dissemination of an evaluation of regional services to the handicapped
4	2.83	Coordination of network services
5	2.39	Coordination of regional conferences
6	.067	Other

The continuing need for on-going staff development programs is reflected in the high priority placed on: (1) the development of multi-media training packages; and (2) the provision of direct training.

The FY 1976-77 goals which have been outlined in this chapter reflect a sensitive response to these and other needs expressed by Region IV grantees.

Summary

SUMMARY

The funding of the Chapel Hill Training-Outreach Project by the Office of Child Development (OCD) represents a collaborative endeavor between the OCD and the Bureau of Education for the Handicapped (BEH) to maximize Head Start services to the handicapped.

The 1975 Chapel Hill Study of Services to the Handicapped in Region IV Head Start is the third annual report of systematic progress since the initial funding of the Chapel Hill Project in 1974. Network collaboration facilitated a 95% response from Region IV's 220 agencies which serve one-third of the nation's Head Start enrollment.

The 1976 report documents an increase of Region IV Head Start enrollees who have been professionally diagnosed as handicapped.

In 1975, a total of 7,602 Head Start youngsters were reported to be professionally corroborated as handicapped. The 1976 data records 10,896 enrollees with professional diagnosis. This represents a 43% increase over the 1975 regional report.

A similar increase is reflected in the higher percentage of handicapped children who compose Head Start's total enrollment. The 1975 Chapel Hill Study reported a regional percentage of handicapped at 9%. At this time only three of Region IV's eight states met the congressional minimal requirement of 10%. The 1976 data report a regional percentage of 13.62% which represents a 35% increase over the 1975 figures. A state-by-state report on services to the handicapped reveals that only one state in Region IV failed to meet the 10% congressional mandate.

An active search for children with obvious handicapping conditions was designed to decrease the possibility of inappropriately reclassifying or mislabeling existing Head Start enrollees. The impact of a region-wide recruitment campaign in 1975-76 is reflected in the report of 2,329 children who were professionally-diagnosed as handicapped prior to enrollment. Florida's recruitment of 62.27% of that state's handicapped enrollment leads the region in the concerted effort to locate and serve children who have already been diagnosed as children with special needs.

The region's focus on comprehensive screening programs generated sizable increases in the mean number of youngsters screened per agency. The most significant improvement over 1975 data was reported in the increase of mean number of 78.2 children per agency who were screened in the area of visual-motor development.

As in previous years, the 1976 report indicates that a continuing problem exists in securing professional diagnosis of Head Start enrollees

identified as handicapped. Fifty-nine percent (59%) of the Region IV agencies reported difficulties in acquiring professional documentation. The most frequent problem given was the "Time lag between referral and diagnosis."

A significant aspect of the regional report on categories of exceptionalities is the 47.84% of total handicapped enrollment which has been classified as "Speech Impaired." Such extreme departure from national norms reinforces the need for close examination of regional use of diagnostic instruments, professional diagnosticians, and potential impact of dialectic influences.

The focus on training of Head Start personnel continued to be a top regional priority in FY 1975-76. Region IV agencies reported that 3,650 days of training were provided to Head Start staff in 1975-76.

In the regional assessment of training needs for FY 1976-77, "Movement of the Handicapped from Head Start to Public School" was mentioned most frequently.

A major goal of the 1975-76 network was the increased mobilization of state and local resources. Although significant increases of resource utilization were documented in the '76 report, the most noticeable progress was manifested in the access of university resources - which shows a regional percentage of utilization which rose from the '75 figure of 6.6% to 13.91% in FY 1975-76.

The emphasis on collaboration has encouraged Head Start personnel to reciprocate with unique services to local and state neighbors. Seventy-nine percent (79%) of Region IV agencies played a vital role in state plans which generated "Child Find" searches for children with special needs. Sixty-three percent (63%) of regional agencies reached out to their neighbors with materials and consultation.

In response to a request from Region IV OCD personnel, the Chapel Hill Project developed a multi-media training module on the Integration of Head Start Components. This manual with accompanying media presents the rationale and methods for achieving Head Start staff coordination and integration in providing services to handicapped children.

In FY 1975-76, Region IV Head Start programs received supplemental funding from the Office of Child Development to optimize the provision of services to handicapped enrollees. Seventy-three (73%) of the programs indicated that supplementary monies were used to finance additional staff positions in the program. The 1976 report emphasizes the need for close examination of the relationship between the prevalence of handicapping conditions and the selection of additional staff.

Reports from the State Coordinators of Services to the Handicapped in the State Training Offices directs attention to the many unique and significant accomplishments by state systems of services.

A synthesis of the services by the Chapel Hill Training-Outreach Project reports on its multi-faceted role of training, material-development, network coordination, and sub-contracted services which support the 1975-76 regional goals for Head Start services to the handicapped.

Selected narratives from local Head Start agencies have been included in the 1976 report to communicate the human perspectives of adults and children whose lives have been affected by Head Start's direct services to children and by interagency collaboration.

An outline of the goals for FY 1976-77 reflect a sensitive response to the needs expressed in this survey of Region IV Head Start personnel.